Care Connect UK Limited

Care Connect UK

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

This inspection took place on 12 December 2018 and was announced.

We gave the service 48 hours' notice of our intention to inspect, as the service provides domiciliary care, and managers and staff are often working in the community, so we wanted to be sure someone would be available to speak to us.

Care Connect is a domiciliary care agency. They provide support in people's own homes. At the time of our inspection Care Connect were supporting over 40 people in the Sefton area.

The service was last inspected in December 2017 and was rated as Requires Improvement overall.

Care Connect provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

Everyone we spoke with said they felt safe with the care they received from staff at Care Connect.

There was a variety of risk assessments in place to help keep people safe, however, we found some of these required additional detail.

Staff were being recruited safely. Each staff member had a disclosure and barring service (DBS) check completed before they started this.

Medication was being administered safely to people in their own homes.

Rotas were completed electronically and sent to staff every week. Staff confirmed they had no concerns with their rotas and were often scheduled to visit the same people. There were enough staff to cover calls.

Incidents and accident were documented when they occurred and the registered manager audited these for evidence of any patterns or trends.

Training took place and covered a range of subjects. All training took place in the registered office and was

conducted by the in-house training manager who was a qualified trainer. Each new member of the care team who had never worked in health and social care before were expected to complete the Care Certificate.

Supervision for staff took place regularly. Some supervision were due in December 2018.

Records clearly indicated where people had provided their consent to receive care and support from Care Connect and in other instances, where people did not have capacity, decisions were appropriately made in the persons 'best interest' and in the least restrictive way as possible.

People confirmed they were supported with their nutrition and hydration needs by the staff.

Everyone we spoke with said they were well cared for by Care Connect. People told us that staff were considerate and mindful of their privacy and dignity. Care plans reflected choice and dignity.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR).

Information recorded in the care plans we viewed was person-centred. Care plans contained information about what to do on each call and how the person liked their care routine to be carried out. We saw that some of the care plans would further benefit further personalised information which we discussed with the registered manager at the time of our inspection.

People were getting care which was responsive to their needs. We saw that staff were completing food charts and recording fluid intake for people who required support with their dietary needs

Complaints were documented and responded to appropriately. The complaints policy had been made available to people in the service user guide, and everyone we spoke with said they knew how to complain.

Information was available for people in alternative formats. We saw copies of care plans and policies which could be provided in different formats when requested to support people's understanding.

The staff had completed training in end of life care. End of life care was provided in a dignified and sensitive manner; people's advanced decisions and wishes were respected and people had the opportunity to express their end of life preferences and desires.

Everyone we spoke with said they liked the registered manger and knew who they were.

The registered manager discussed opportunities they had taken to learn lessons when things went wrong.

There were robust quality assurance procedures in place. Audits highlighted when there were concerns. Records showed all audits which took place monthly, quarterly and yearly.

The culture an ethos of the company was friendly and client driven. The registered manager was clearly proud to be part of the company and the staff were equally as positive about the registered manager.

Team meetings took place every month. We saw minutes of the last few meetings and saw copies of these were shared with staff. Agenda items included medication, training, rotas and health and safety.

There was also a process in place to gather feedback from people who used the service and from the staff providing the care.

The service worked in partnership with other organisations, such as the local authority.

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.

People received their medication on time.

Staff recruitment was robust and checks were undertaken before staff started working for the service.

Risks to people were assessed, and there was information on how to manage and reduce these risks.

People told us they felt safe receiving care from Care Connect.

Is the service effective?

Good

The service was effective.

The staff had the correct training to support people effectively.

Staff received regular supervision and annual appraisals.

People were supported to eat and drink appropriately.

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation.

Is the service caring?

Good

The service was caring.

People told us staff were kind, caring and treated them with dignity and respect.

People's preferences were largely reflected throughout care plans.

Care plans promoted people's choice and independence.

Is the service responsive?

Good

The service was responsive.

There was a process in place for recording, acknowledging and responding to complaints. People we spoke with told us they knew how to complain.

People received care which was planned and personalised in accordance to their preferences. Staff demonstrated that they knew people well.

Staff were trained to support people who were on an end of life pathway to remain comfortable in their home with additional support from other medical professionals.

Is the service well-led?

Good

The service was well-led.

There were polices and procedure in place for staff to follow.

The registered manager was aware of their role and had reported all incidents to the Care Quality Commission as required.

People and staff told us they liked the registered manager and knew them by name.

There was regular auditing taking place of care files, medication and other documentation relating to the running of the service.

Care Connect UK

Detailed findings

Background to this inspection

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

This inspection took place on 12 December 2018 and was announced.

We gave the provider 48 hours' notice that we would be attending, due to the location being a domically care provider, and who had to ensure people had consented to speak with us and staff were also available to speak with us.

The inspection team consisted of an adult social care inspector.

Prior to the inspection we reviewed the information we held in relation to Care Connect. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to get their opinions of the service. We viewed the PIR. This is a form registered providers complete before our inspection takes place to tell us about their service, what they do well, and any changes they plan to make.

We used all of this information to formulate a 'planning tool', this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, six members of staff, and five people who used the service and their relatives by telephone.

We looked at the care files of four people receiving support, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints, and other records relevant to the quality monitoring of the service. Additionally, after the inspection we requested some information to be sent to us via email.

Good

Is the service safe?

Our findings

At our last inspection the safe domain was rated as requires improvement. This is because we made a recommendation regarding the use of staffing and rostering systems. We saw during this inspection the recommendation had been taken on board.

Rotas were completed electronically and sent to staff every week. Staff confirmed they had no concerns with their rotas and were often scheduled to visit the same people. Furthermore, people we spoke with confirmed they saw consistent staff, and their call times were not a problem. One person said if the staff were going to be late, they received a phone call from the office explaining why.

The registered manager told us during our inspection they were in the process of implementing a new electronic call monitoring system (ECM) which would be in place in the next few weeks. ECM uses technology, often linked to staffs' smartphones to enable them to log in and out of calls, and complete documentation in real time on their mobile devices.
Everyone we spoke with said they felt safe receiving care from Care Connect. Comments included, "It is nice to know they are there" and "They look after me really well". Also, one relative told us, "I have no reason to worry."

There was a variety of risk assessments in place to help keep people safe. However, we found some of these required additional detail. There were risk assessments in place for moving and handling, and people's mobility equipment was assessed at the start of their care package to ensure it was safe to use at home or when the staff were providing care. However, other risks assessments were not as detailed. For example, one person who could display behaviours which were aggressive towards staff, did not have a risk assessment in place which detailed how staff were to interact with this person during these times. Consistent staff visited the person who knew them very well, so the impact of this was not very high. However, we did highlight this with the registered manager at the time of our inspection who agreed to implement more detail into the risk assessments.

Additionally, we saw one person who had capacity often refused to let the staff add thickener to their drinks; they were at risk of aspiration. There was no specific risk assessment in place which detailed how the staff should respond to this. However, we did see that the deputy manager had shared these concerns with relevant health and social care professionals to make them aware and had requested support with this.

Risk assessments on the environment would also benefit from being more detailed, such as were the gas and electricity cut off points were located, and things like clutter and floor coverings, lightening and if the person had any pets. We discussed this with the registered manager at the time of inspection who has since updated us that these points have been actioned.

Staff were recruited safely. Each staff member had a disclosure and barring service (DBS) check completed before they started work. This is a check carried out by new employers with the aim of helping them to make safer recruitment decisions. In addition to this, there was a record of interview notes, identification, and at

least two references from previous employers.

Medication was currently being administered safely to nine people. At the start of the care package people were assessed in accordance with their needs with regards to medication and there was a medication support plan in place and a list of the prescribed medications. Staff were required to complete medication training and undergo a competency assessment before they were able to administer medication. People had Medication Administration Records, (MAR) charts in their homes and the medication policy contained links to the NICE guidance for staff to follow. The NICE guidance stands for National Institute for Clinical Excellence and provides national guidance and advice to help improve health and social care standards.

Incidents and accidents were documented when they occurred and the registered manager audited these for evidence of patterns or trends.
Staff were provided with person protective equipment (PPE) to ensure safe standards of infection control were adhered to. Staff told us they were supplied with boxes of gloves and could request more when needed.

Good

Is the service effective?

Our findings

Everyone we spoke with said that staff had sufficient skills and knowledge to offer good care and support. One person said, "I would have no reason to doubt them in that department." Someone else said, "Yes" when we asked if they felt the staff were well trained."

Training covered a range of subjects. All training took place in the registered office and was conducted by the in-house training manager who was a qualified trainer. We saw in addition to moving and handling, medication, first aid, and safeguarding other training took place such as dementia training and end of life. We also saw some specialised training was completed with support from the district nurses if someone had a specific need. For example, one person had a Percutaneous Endoscopic Gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed in the person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The staff were trained by the district nurses to help support the person with this need. Staff all had a professional development file which contained certificates and details of training courses attended. We checked the certificates against the dates in the training matrix and saw that they all matched up. We spoke with staff about their training. They told us that their training was enjoyable and they felt it gave them the appropriate skills needed for the work they did.

Supervision took place regularly. A supervision is a scheduled meeting between an employer and employee to discuss performance and identify any support needs that the employee may need help with. We were able to see a supervision schedule in place which confirmed supervision took place regularly. Some supervision were due to take place in December 2018.

Each new member of the care team who had never worked in health and social care before were expected to complete the Care Certificate. The Care Certificate was introduced by the Government and is aimed at staff who are new to the job role. It often comprises of 12 units which are competed over the first few months in post and then signed off by a more senior colleague.

The Mental Capacity Act 2005 (MCA) provides a legal framework used 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

During this inspection we found that people's capacity was appropriately assessed. Records clearly indicated where people had provided their consent to receive care and support from Care Connect. Additionally, when people were assessed as lacking capacity to make important decisions we saw that decisions were appropriately made in the person's 'best interest' and in the least restrictive way as possible in accordance with the act.

No- one was subject to a DoLS as people did not have 24 care nor were they under constant supervision. We checked the registered manager had understanding of when a DoLS might apply to someone in their own home, and they were able to explain this.

People confirmed they were supported with their nutrition and hydration needs by the staff. People were supported with meals of their choice and their families helped them shop and plan these meals. One person told us that the staff help them with breakfast and then prepare lunch if needed.

Health and social care professionals were contacted when needed, in order to help people with the medical needs. People confirmed that staff would call the GP or District Nurse on their behalf when asked. Most of the people we spoke with, however, had family members who supported them with this.

Good

Is the service caring?

Our findings

Everyone we spoke with said they felt safe and well cared for by Care Connect. Comments included, "The staff are really nice","They are very caring" and "I have no concerns at all regarding the staff. One person said, "The staff are excellent, I would say they are exceptional."

People were treated with respect and dignity. We were unable to observe care being delivered, as this took place in people's own homes in the community. However, people told us that staff were considerate and mindful of their privacy and dignity. One person said, "They leave the house lovely and tidy when they visit me." Staff told us they preserved people's dignity during personal care. One staff member said, "We always make sure that the windows or blinds are closed and chat to the person. If they can do some of the tasks themselves we make sure we encourage them." This was reflected in the care plans we viewed. For example, one person's care plan was primarily focused around reablement support and the person's independence. The care plan described how the person was regaining confidence after a fall, and stated what task they could do for themselves.

There was equality of opportunity at Care Connect; people were treated equally and fairly regardless of age, gender, culture, religion or disability. People's 'protected characteristics' were established from the outset and support measures were appropriately put in place from the outset. For example, one person required support around their medical needs, so the registered manager ensured that a variety of different measures were in place to suitably support the needs of the person, care records contained guidance and advice and staff were familiar with support that needed to be provided.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in locked offices and confidential information was not shared with others unnecessarily.

People and relatives were provided with a 'Service User Guide' from the outset. The guide contained essential information about the quality and safety of care people could expect to receive at Care Connect. This meant that people and relatives could familiarise themselves with information in relation to privacy, dignity, independence, safety, choice, quality of care, healthcare, lifestyle, concerns and complaints, the environment and staffing levels.

Good

Is the service responsive?

Our findings

People said that they received care and support which was personalised. One person said, "I am happy with the care the staff do as I they know what I like."

Information recorded in the care plans we viewed was person- centred. Person- centred means care was focused around the needs of the person themselves and not the organisation. Care plans contained information about what to do on each call and how the person liked their care routine to be carried out. We saw that some of the care plans would further benefit from more personalised information, such as whether people preferred a shower or bath, and what shampoo and soap they used, whether they needed glasses on or hearing aids to be able to communicate with staff effectively. We discussed this at the time of our inspection with the registered manager who said they would further develop the care plans to include this type of information. People that we spoke with said that there was paperwork in their homes which was completed by staff, and they had been assessed by a manager before the care package began.

People were getting care which was responsive to their needs. We saw that staff were completing food charts and recording fluid intake for people who required support with their dietary needs. We also saw that staff raised any concerns they had around people's eating and drinking needs with the office, who contacted the relevant health and social care professionals.

Complaints were documented and responded to appropriately. There had been five complaints since our last inspection. The registered manger had a process in place to audit complaints and document any learning from people's complaints. We saw that all complaints had been resolved and there were none outstanding. The complaints policy had been made available to people in the service user guide and contained details of how to lodge of formal complaint, and how to escalate complaints further if the complainant felt they had not been appropriately responded to, including contact details for the local authority and the Local Government Ombudsman (LGO). Everyone we spoke with said they knew how to complain.

Information was available for people in alternative formats. We saw copies of care plans and polices which could be provided in different formats when requested to support people's understanding. The service was further developing their procedures in relation to this to enable them to offer even more accessible way of providing information to people. We discussed some of these ideas with the registered manager.

The staff had completed training in end of life care. End of life care was provided in a dignified and sensitive manner; people's advanced decisions and wishes were respected and people had the opportunity to express their end of life preferences and desires.

Good

Is the service well-led?

Our findings

There was a registered manager in post who has been in post at the service since June 2018.

At our last inspection the well – led domain was rated as requires improvement and we made a recommendation concerning the auditing systems in place. We saw during this inspection that this recommendation had been taken on board.

There were robust quality assurance procedures in place. As well as auditing service provision the registered manager also discussed with us how they had used their last inspection report to implement a brand-new audit and how this had taken shape. We saw that areas of poor practice identified at our last inspection had been captured into an action place which the registered manager had been working towards throughout the year. One of the areas which we saw had improved was the staff recruitment procedure. We saw as well as references, explanations for gaps in employment were also now explored in detail.

Other audits took place such as medication audits. Medication audits highlighted when there were concerns. For example, in September 2018 we saw that one audit had highlighted that a staff member had hand written on the MAR. There was an action to discuss with the staff member as this should have been reported to the line manager. We saw that the action had been followed up the following month.

There was a table in place which recorded all audits in all areas, such as recruitment, care planning and medication, which took place monthly, quarterly and yearly. There were also action plans which had been implemented as result of an audit on the staff recruitment file as interview forms were not getting completed fully. The registered manager had introduced new paperwork to be completed as a result of this audit.

Everyone we spoke with said they liked the registered manger and knew who they were. We asked people their opinion with regards to the leadership of the organisation; people made the following comments, "The service is well run, I think" and "Yes, we know who the manager is and we can always speak to someone now in the office, this has improved greatly".

The registered manager discussed opportunities they had taken to learn lessons when things went wrong. Communication was one of these lessons. The registered manager told us that they had implemented a structural change within the office so all of the care coordinators could take calls from people using the service. The registered manager explained that they had identified when people had called the office for information they had not always been able to speak to someone who could help them. Another person we spoke with confirmed this had been the case. However, they stated that the communication in the office had improved greatly in the last 12 months.

The culture and ethos of the company was friendly and person driven. The registered manager was clearly proud to be part of the company and the staff were equally as positive about the registered manager. The fact that changes had been implemented since the last inspection showed a willingness to learn from

mistakes and an ability to evaluate service provision.

Team meetings took place every month. We saw minutes of the last few meetings and saw copies of these were shared with staff. Agenda items included medication, training, rotas and health and safety.

There was also a process in place to gather feedback from people who used the service and from the staff providing the care. Staff survey results showed that staff were happy working for Care Connect. Likewise, people who used the service were also happy with the service provided by Care Connect. Everyone we spoke with said they would recommend the company to others.

The service worked in partnership with other organisations, such as the local authority. The service often accepted packages of care a short notice for people who needed reablement support. These are temporary packages for people to help them gain their skills back following a stay in hospital.

All notifications had been sent to CQC as required by law and the registered provider had the rating from the last inspection displayed in the service and on their webpage.