

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?	Good ●

# Summary of findings

## Overall summary

### About the service

Support & Connections Office is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in the Melton Mowbray area. The service is registered to provide care and support to people with learning disabilities and/or autism, mental health and physical disabilities, older people and younger adults. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection visit there was one person using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The person using this service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Systems were in place to protect people from abuse. Staff received training and were aware of whistleblowing processes. Risks were assessed, and guidance was provided to staff to ensure that risks associated with care and support were minimised. There were suitable numbers of staff, who were recruited safely and in line with current legislation. There were systems and processes in place to report accidents and incidents.

Initial assessments were undertaken which reflected choices and needs. Staff were offered regular training, staff told us they had enough training to meet people's needs effectively. Consent to care was sought and recorded. The person receiving support was 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.

Staff were kind and compassionate and understood the needs of the person they were supporting well. Staff were knowledgeable in relation to promoting independence. The person who was receiving support was involved in planning their own care and was able to express their views and was listened to.

Care planning was person centred and reflected the needs of the person being supported. The provider had a complaints procedure which was issued in an easy read format. The person being supported knew who to complain to if they were unhappy.

The provider had a clear vision. Staff told us they felt supported in their role and told us morale in the team was good. The provider had close links within the community and worked in partnership with other

agencies and health and social care professionals. Systems were in place to provide scrutiny of the support being provided and to ensure it was safe and of good quality.

#### Rating at last inspection

At the last inspection the service was rated Good and was published on 9 February 2017.

#### Why we inspected

This was a planned 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](http://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 ●

# Support & Connections Office

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

#### Service and service type

Support & Connections Office is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to one person. 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 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did before inspection

We reviewed information we had received about the service. We used this information to plan our inspection.

#### During the inspection

During the inspection we spoke with one person and one relative, one care staff and the registered manager. We reviewed records related to the care of one person. We looked at records of accidents and incidents,

audits and quality assurance reports and three staff files.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding and whistleblowing policy which staff were aware of. One staff member told us, "We have access to all policies and from time to time we have a read up to make sure we are up to speed."
- Records showed staff were provided with regular training to ensure they were aware of the signs of abuse and how to report concerns if needed. Staff we spoke with demonstrated they had good knowledge in relation to safeguarding people from abuse. "There are various types of abuse, such as financial and physical. When looking for signs of abuse you might notice unexplained marks and the person is fearful. With financial abuse you might notice a shortage of money."

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce known risks associated with care and support.
- Environmental safety of the persons home was assessed to ensure that support could be carried out safely. Risks associated with fire had been considered and there was a plan to ensure a safe evacuation could be achieved in the event of a fire.
- Records showed risks associated with health conditions had been included and guidance had been provided to staff to reduce the recurrence of ill health.

Staffing and recruitment

- Staff were recruited safely. The provider had carried out background checks and Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- Records showed staffing levels were sufficient to ensure consistent and regular support.
- The person and their relative told us the service was reliable, and they had continuity of staff.

Using medicines safely

- At the point of inspection, the provider did not provide support with medicines, but told us they would develop a clear process and policy if required. The provider had access to appropriate training resources, so staff could be provided with training if needed.

Learning lessons when things go wrong

- The provider had a system for reporting accidents and incidents. Records showed incidents were recorded clearly and information was shared with relevant bodies.
- The provider had a process for reviewing accidents and incidents to ensure lessons were learnt and measures were taken to reduce the likelihood of recurrences in the future.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Needs were assessed prior to agreeing to deliver care and support. Support records showed assessments were sufficiently detailed to ensure needs and wishes were captured accurately.
- Information obtained during the initial assessment was reflected in the person's support plan. Records showed the person had been fully consulted during the assessment and had signed the assessment document to confirm they were happy with the contents.

Staff support: induction, training, skills and experience

- Records showed staff received a comprehensive induction when they first began working for the provider and received ongoing training appropriate to their role.
- Staff confirmed training was regular and provided them with the knowledge they needed to do their job well. "We do lots of online training and are monitored to make sure we are up to date. I think there is still value in face to face training such as first aid. I seek to renew my first aid regularly, you need to have it at your fingertips. I find it very helpful to have frequent refreshers."
- The person's relative told us they had confidence in the staff team and felt they were competent in their roles.

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

- Staff providing the activity of personal care also worked for the provider in a different capacity providing day care opportunities. Staff were knowledgeable about community services in the local area and were able to provide advice about opportunities and recreational activities.
- The registered manager told us they had relationships with other social care professionals such as social workers and occupational therapists.
- At the point of inspection, no support was being provided to access health services. However, information regarding existing health needs were written into the support plan and important contact details for health professionals such as the GP were recorded. The person's records included an emergency grab sheet which contained important health and communication information about them should they be admitted to hospital.
- The person received care and support from another care agency. The provider and staff communicated well with the other agency to ensure the person's needs were fully met.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA and found the principals were being met.

- Support plans and associated documents included the signature of the person being supported, this showed the person's wishes had been included.
- Staff confirmed they received training regarding the MCA. "It is around people's level of understanding and who can make decisions on people's behalf. We need to ensure that people can make as many decisions as possible. It isn't always about eliminating risk, people have the right to take risks as long as they understand them."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the person was 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

- The person and their relative spoke positively about the support they received from the provider and the staff team. "They are alright and help me with the jobs that need doing." "They are friendly and kind. " I like them all." Were just some of the comments from the person receiving the service. Their relative told us, "They are a wonderful organisation" and "The staff are lovely, very respectful."
- Staff we spoke with knew the person they were supporting well. Care records showed the person had previously expressed a wish to be supported by male staff where possible. The team consisted of two male staff and one female staff. Records showed the person had been consulted about having a female support worker and this had been agreed. The person told us they got on well with the female support worker. "[Female support worker] helps me in the garden."
- Staff we spoke with told us they would be happy for a family member to receive a support service from the provider. "I would absolutely, because I feel comfortable with the values of the team and what they do."

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

- Records showed the person was regularly consulted to make sure they were happy with their support. We noted the person had expressed a wish to move their support time, so they could focus on different activities. The provider changed the support times and the person told us this was working well. "My support is better now I can get my jobs done."
- The person's relative told us they were consulted regularly and were able to make suggestions to the provider if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated they were knowledgeable about how to promote independence. Staff we spoke with told us, "you have to be patient and resist the urge to jump in, it is important to allow [the person] to do as much as they can for themselves. We have done quite a lot in the garden. My colleague is very green fingered."
- Staff were respectful of the person's privacy and we observed staff being respectful of the person's home environment. During our visit to the person's home, staff removed themselves while we spoke with the person to allow them the opportunity to discuss private and confidential matters with us.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the person'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

- Support plans reflected the needs and wishes of the person and had been put together with the full involvement of the person and their relative. The person's cultural preferences had been included in the plan and clear information about the person's likes and dislikes had been reflected. The person had a support agreement with the provider which was flexible and allowed for the person to make changes if they wished.
- Support plans were regularly updated and reviewed regularly. Records showed reviews of support plans were carried out with the person and included detailed discussions about whether outcomes were being met. Review records showed the person had previously asked to try new activities and this was accommodated as a result. Following the review, notes of the meeting were sent to the person to agree and sign.
- Staff had received training in the principles of person-centred care and records showed staff had been involved in updating the support plan when the person's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they were able to provide information to people in a variety of ways such as easy read or large print. The provider had several policies which were available in an easy read format. Information recorded about the person being supported was in a format they could understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which the person and their relative were aware of. Records confirmed the person had a service user guide with clear information about how to complain.
- Records showed the provider had received no formal complaints during the last 12 months. The person's relative told us, "I have never needed to complain, when [relative] is with them I never have to worry. [Relative] loves them."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was not rated. At this inspection this key question is Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us there was an inclusive culture within the service. "There is a real community spirit, we try and engender a feeling that we are all together. Not a staff and service user thing."
- Staff were provided with the support they needed to do their jobs well. Regular one to one supervision was facilitated to ensure staff were given the opportunity to contribute ideas. Staff we spoke with said, "Yes definitely, we have one [supervision] formally every three months. But also [registered manager] is very accessible so if you want a chat it is usually easy to speak face to face or on the phone. [Registered Manager] has been really supportive."
- The provider clearly understood their regulatory responsibilities and ensured that professional and regulatory bodies were notified about events that they are required to by law.
- Our previous inspection ratings were clearly displayed in the office location and on the providers own website.

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

- Systems and processes were in place to ensure oversight and scrutiny of the support being delivered and ensure regulatory requirements were being met. Records showed the registered manager had developed a system to check support was meeting regulatory requirements.
- Regular spot check visits were carried out at the persons home address to ensure records were being completed correctly and to ensure the person had an opportunity to see the registered manager. Where shortfalls were identified, these were discussed with staff on a one to one basis or in team meetings.
- Staff were provided with a clear description of their roles and were given the opportunity to review their objectives annually during an appraisal.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Records showed the registered manager regularly engaged with the staff team and held meetings to share important information and discuss issues relating to care and support.
- Staff told us they were listened to by the provider and described morale within the team as good.
- The provider had actively sought to engage with the local community. The office location was also used to provide non-regulated activity and day opportunities for people with a learning disability. People were

encouraged to drop into the office location and use the facilities for a hot drink and a chat. A second-hand book shop had been developed to encourage local people to drop in. The provider had built good local community links. The person using the domiciliary service used the day service on a weekly basis and had built good relationships and had been given opportunities to engage in activities they enjoyed.