Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Care Connections Limited

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Tel: 01452886448

Date of Inspection: 12 November 2013

Date of Publication: December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Connections Limited
Overview of the service	Care Connections provides care to people in their own homes in Gloucester and the surrounding areas. The service is provided to approximately 12 people of all ages, who have a range of needs including a learning disability and mental health needs. The number of visits provided to each person, ranges from two-three visits per week to 24 hour care.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

During our inspection we visited four people in their own homes and spoke with one relative on the telephone. People we spoke with told us they were happy with the service they received and they were supported to participate in daily activities of their choosing. People told us they had a regular team of staff working with them and they knew when staff would be coming.

Care plans were personalised to the individual and gave detailed step-by-step guidance for staff to follow to meet people's care needs. Staff we spoke with showed that they had a clear understanding of involving people in day-to-day decisions about their care. A relative we spoke with told us, "the owner and the staff are very good".

During our visit we met three members of staff and spoke with two on the telephone. They told us, "I enjoy my job", "a pleasure to come to work each day" and "the owner asks for our views and really does listen to them".

Appropriate arrangements were in place to support people to take their medication. Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place. The provider sought the views of people who used the service and used these comments to improve and develop the service.

At the time of our visit the service did not have a registered manager. The owner advised us that a new manager would be recruited at the start of 2014.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Three of the people we visited were in receipt of 24 hours/seven days a week packages and had staff available to support them continuously. When we visited these people we were also able to speak to staff and observe the interaction between people and staff. Some people could easily verbalise their wishes and give consent to receive care and others did not have the ability to verbally communicate their consent.

We looked at the care plans for these people and saw that records detailed how people communicated their wishes. Care plans also detailed how choices should be presented to people to ensure that they could make their own decisions about their daily living and care. For example the care plan for one person stated that they should only be given two choices at a time otherwise their ability to make a decision would be impaired. We saw that staff understood peoples' communication needs and were able to support people to make decisions about their daily living. One member of staff told us that they would always explain things to people in a way that they could understand. They told us that most people could understand and give consent to their care if time was taken to explain it in the right way for that individual.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Care plans detailed the type of decisions that people would not have the capacity to make and would have to be made in their best interest. We saw that where significant decisions needed to be made for people best interest meetings had taken place, involving other professionals as well as family members and advocates.

We saw that several people who used the service did not have the capacity to manage their finances. We saw that an assessment of each individual's mental capacity to manage their finances had been completed. The provider may find it useful to note that these

assessments had not been regularly reviewed.

We saw that the service had worked with other professionals, such as the local council, to make best interest decisions about how people's finances should be managed. For some people arrangements were in place for family members to manage a person's finances. For other people the service, in conjunction with the local council, managed monies on people's behalf.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People experienced care and support that was flexible and could be adapted to meet their changing needs and wishes.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we visited four people in their own homes and looked at those people's care records. All records had an assessment of need completed by the service, prior to care packages starting, from which care plans were developed.

Care plans were personalised to the individual and gave detailed step-by-step guidance for staff to follow to meet people's care needs. A 'skills and needs' assessment was completed for people to assess what they could or could not do for themselves in relation to all aspects of their daily living. This included personal care, communication, medication, food preparation and life skills. People were asked what was important to them in their lives and what might upset them or make them anxious. These details were captured in a 'this is me' document that gave a clear summary of the person's needs for staff to refer to.

Appropriate risk assessments were completed for all elements of the care being provided and all care records were reviewed monthly. A full review of each person's care was carried out annually with the involvement of the person and their families if appropriate.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Most of the people we visited were in receipt of 24 hours/seven days a week packages. People told us they had a regular team of staff working with them. It was clear from speaking with people that they knew all these staff well and were informed of their rota pattern. Another person we met, who had a visit every two weeks, told us that they had the same care worker and knew what time to expect them.

We saw that the service sought advice from and worked with health professionals. People who were in receipt of the 24 hours care were supported to attend appointments with dentists, opticians, chiropodists and their GP. We saw that the service had developed health action plans with individuals who needed support to manage their health needs.

People we spoke with told us they were happy with the service they received and they were supported to participate in daily activities of their choosing. On the day of our visit staff had supported people, who lived in two different locations, to go to an activity to play skittles. People told us they enjoyed this activity. One person told us staff helped them to cook and another person told us that staff helped them to clean their kitchen floor.

A relative we spoke with told us that the person using the service was in better health than they had ever seen them. They told us, "the owner and the staff are very good".

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider had systems in place to regularly audit how medicines were administered to people to ensure people were given the right medicine at the right time.

Reasons for our judgement

Medicines were safely administered. Appropriate arrangements were in place to support people to take their medication. We looked at the medication policy which stated what staff could and could not do in relation to supporting people with their medication. This included only administering medicines from containers filled by a pharmacist and the need to refer to a person's GP when they wished to use homely remedies.

Risk assessments were completed for people to assess if they had the mental capacity to manage their own medicines or if they wished the service to manage their medicines. Where people had the mental capacity and chose to manage their own medicines this was clearly stated in their care records. Most people we visited had been assessed as having some understanding of their medicines but not sufficient for them to be able manage their medicines safely. People we spoke with confirmed that they took medication each day and were happy for staff to manage this for them.

Staff supported people, who had been assessed as needing support, to order and collect their prescriptions. When a new prescription was received a medication administration record (MAR) chart was completed for each medicine. These were then completed by staff each time medicines were given. We looked at the records for three people and saw that these had been completed correctly. Records showed the number of tablets left after doses were given for each medicine. Senior staff completed weekly checks of medicines and MAR charts were audited by the owner when these were returned to the office. This gave the provider assurance that medicines were being administered safely and if any errors occurred these would be promptly identified.

Medicines were kept safely and disposed of appropriately. Medicines were stored in each person's home in accordance with their individual risk assessment and their wishes. For some people their medicines were stored in locked cabinets in their homes with only staff having access. We saw that this was in line with the risk assessments and people we spoke with were aware of this arrangement and had given consent to it. Records also showed that if a prescription changed resulted in surplus medicines these were returned to

the relevant pharmacist.

We saw that staff received appropriate training in administrating medicines to people. Staff we spoke will demonstrated a good understanding of their role in ensuring people received the right medicine at the right time.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. There were robust recruitment procedures in place that included a Disclosure and Barring Service (DBS) check.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place. We looked at four staff personnel files and found them to be up to date and appropriate. Reasons for gaps in employment and for leaving previous employment had been discussed with applicants at interview.

We saw that references had been sought from previous care employers so that the provider could evidence the applicant's conduct in a previous care role. The provider checked applicant's identity to ensure that they were eligible to work in the UK. Staff did not start working until the provider had completed a Disclosure and Barring Service (DBS) check.

During our visit we met three members of staff and spoke with two on the telephone. They all told us that they enjoyed working for the service and felt supported by the owner. Staff told us they had good access to relevant training and any requests for additional training were acted upon.

Staff also told us, "I enjoy my job", "a pleasure to come to work each day" and "the owner asks for our views and really does listen to them". We observed that staff were competent in their roles and understood the needs of the people they cared for.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider asked people who used the service for their views about their care and treatment and used the feedback to improve the service.

Reasons for our judgement

We looked at the systems that the provider had in place to monitor the quality of the care provided. The service had been without a registered manager for three months and the owner had been managing the day-to-day running of the service. The owner advised us that a new manager would be recruited at the start of 2014. Staff and people we spoke with knew the owner and it was clear that they were happy with this temporary arrangement.

The owner worked some shifts each week, working alongside staff to monitor the quality of the care provided. There were three senior care staff who managed a group of staff and they carried out observations of staff members working practices every six months. The owner also carried out observations of staff working.

We saw evidence of monthly reports completed by the senior care staff to update the owner on any changing needs for each person who received a service. The owner used this information to update people's care records and bring forward care reviews if necessary.

We saw copies of the complaints procedure in packs in the homes of the people we visited. These were in an easy to read format. People we spoke with knew the owner and senior staff and indicated to us that they would feel comfortable raising a complaint if they needed to. The relative of one person told us they had not had the need to complain about anything. We saw that the provider had not received any complaints.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider carried out annual quality assurance surveys of people who used the service, their families and staff. We looked at the results of the last one completed in January 2013. We saw that all respondents had rated the service as either excellent or good and had not raised any concerns.

Comments received from this feedback included, "very thankful for everything that is being done for me". "The management at Care Connections take particular care to allocating a carer to match the client" and "always provide an excellent service".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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