

Care2Connect Ltd

Care2Connect

Inspection report

1st Floor Columbia House, Columbia Drive
Worthing, West Sussex, BN13 3HD
Tel: 0800 326 5522
Website: www.care2connect.co.uk

Date of inspection visit: 27 January 2015
Date of publication: 27/03/2015

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 

Overall summary

The inspection took place on the 27 January 2015 and was announced. Forty eight hours notice of the inspection was given to ensure that the people we needed to speak to were available

Care2Connect is a domicillary care service which provides personal care services to people in their own homes. At the time of our inspection 140 people were receiving a personal care service.

The service had a registered manager. 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.

The experiences of people were positive. People told us staff were kind and the care they received was good.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found care plans to be detailed for care staff to understand. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to

Summary of findings

obtain specialist advice about people's care and treatment. Links with healthcare professionals were developed and maintained; healthcare professionals stated the staff followed their advice and delivered care according to their instructions.

The service considered people's capacity in line with the Mental Capacity Act 2005 (MCA).

The provider was in the process of updating their MCA training at the time of our inspection to reflect any updates and changes.

There was an open and transparent culture at the service. The provider sought feedback from staff and people who used the service. Staff received regular support and advice from their manager via phone calls and meetings in the office. Staff were given regular training updates, supervision and development opportunities.

A staff quality survey was undertaken in July 2014, this also included group meetings with the staff for an opportunity to discuss any concerns or improvements they felt was needed. The service had also used an external consultant to interview staff and establish their views on working for the service and areas for improvements. Staff told us they found this to be beneficial.

The service had a caring approach. People were involved in their care plans and making decisions about how they would like to be supported. Staff were caring and knowledgeable.

Summary of findings

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. There were appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding processes.

Medicines were managed and administered safely.

Good



Is the service effective?

The service was effective. People were supported at mealtimes to access food and drink of their choice and to eat and drink sufficient to their needs

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring. People were supported by kind and caring staff.

People were involved in their care plans and making decisions about the support they received.

Staff were respectful of people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Good



Is the service well-led?

The service was well-led. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 27 January 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert had experience in older people's services.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which

the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. We sent out questionnaires to people and relatives who use the service and staff to gain their feedback before the inspection.

During our inspection we spoke with sixteen people who use the service and five relatives, six care staff, three co-ordinators, the registered manager and the managing director. We observed staff working in the office dealing with issues and speaking with people who use the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for ten people, medicine administration record (MAR) sheets, eight staff training, support and employment records, quality assurance audits, audits and incident reports and records relating to the management of the service.

After the inspection we spoke with two health care professionals who worked with people who received a service to gain feedback.

The service was last inspected on 25 October 2013 and there were no concerns.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said “I feel safe, I have no complaints”. One relative of someone that uses the service told us “They help my mother so much, she feels safe and gets on well with all the carers that assist her”.

One health care professional told us “There are no issues with safety with the staff I work with on visits with reference to the equipment they use”. In a questionnaire that we sent out prior to the inspection to people and their relatives/ friends, we asked If they felt safe from abuse and or harm from their care workers. 95% of people and 100% of their relatives said they felt the service was safe.

Staff were knowledgeable in recognising the signs of abuse and the related reporting procedures. Any concerns about the safety or welfare of a person were reported to the registered manager who reported them to the local authority’s safeguarding team as required. Staff we spoke with all detailed what they would do if they suspected or witnessed abuse. One member of staff told us “If there is a change of behaviour in a person or obvious signs I am concerned of I would report to my manager and record the details”. This ensured that staff had the skills to recognise abuse and knew how to respond appropriately.

There were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people. We were shown the staff rotas which were on an electronic system which confirmed suitable staffing numbers. We saw detailed and safe

recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and references to assess their suitability to deliver care.

There was a system in place to identify risks and protect people from harm. Risk assessments were in place in people’s care plans for areas such as moving and handling, nutrition and pressure area care. Risk assessments were completed on various areas in a persons home before they started using the service. Records were kept both in the person’s home and the office so staff could access them when needed. Where risks were identified, plans were put in place for staff to follow. These provided information on how to keep people safe and themselves. Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. We saw evidence of these with actions taken and any follow up needed.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Risk assessments were undertaken to see what assistance was needed for a person and their medication. Staff were able to describe how they completed the medication administration records (MAR) in people’s homes. Records confirmed that staff received a detailed medication competency assessment to ensure staff were safely administering or prompting medication. One person told us “They organise my medication as I need different stuff in different parts of the house for different things. There’s a good system. They drop the letter off to the GP and when the medication arrives they sort it all out for me. It’s always recorded in my book.”.

Is the service effective?

Our findings

People and their relatives spoke positively about the care and support they received. For example one relative told us “We usually see a regular carer and she is fabulous and we can’t praise her enough, she is professional on time and has the human touch. She always remembers things”.

A health care professional told us “I refer to a particular customer who had complex needs; the agency responded to the referral promptly and did their assessment. The care staff were very effective and supportive to the customer. They had to work in a difficult condition but remained person focussed.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. People were supported by staff who had the knowledge and skills required to meet their needs. All new staff attended a seven day induction in a classroom setting. Staff records showed staff were up to date with their essential training in topics such as infection control and moving and handling. The training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. Staff thought the training to be excellent one said “The training is excellent and it can be personalised and specific to the needs of a person”. We were shown an action plan of additional training the provider was working on for all staff, which included medical conditions and dementia awareness.

The service also worked in partnership with a local college and offered an apprenticeship scheme for people who were looking to work in the care sector. This involved gaining a nationally recognised qualification in health and social care while working as a care worker.

Staff had received basic training in the Mental Capacity Act (MCA) 2005. The provider was in the process of updating their MCA training at the time of our inspection to reflect any updates and changes. We were told the service was looking to implement a individual training course specifically on the MCA for all staff to attend.

The manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service.

Staff had regular one to one meetings throughout the year and an annual appraisal which gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. One member of staff said “ I have a supervision every three months which I find helpful and we can discuss how we are getting on and any training needs we have”.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes for staff were to reheat and ensure meals were accessible to people in their own homes. One member of staff told us “ It is important to check people have enough food, if supplies are low I would contact the office. I leave drinks and snacks for people when I leave”. Care plans contained food and fluid charts for staff to complete. This helped to monitor what a person had eaten to ensure their well being.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff told us they supported people when needed to access healthcare appointments and liaised with health and social care professionals involved in their care if their health or support needs changed. A member of staff told us “I was concerned recently about a persons skin condition so we rang the GP and district nurse direct for assistance”.

Is the service caring?

Our findings

People told us they were happy with the care they received. People received care, as much as possible, from the same care worker. One told us "They (care workers) are very helpful".

Relatives we spoke with told us they were happy with the care their relative received. One relative told us "The care workers are great, always helpful and nothing is too much trouble". Another told us "We do get regular carers, overall they are very good though and we've no complaints".

In a questionnaire that we sent out prior to the inspection to people and their relatives/friends, 89% of people thought their care workers were caring and kind. 100% of relatives/friends asked, thought the care workers were caring and kind.

People were involved in making decisions about their care. People told us they were aware of their care plans and had input into them. We saw evidence that care and support plans were personalised to the individual to facilitate individualised and person centred care.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. Staff all spoke on how they promoted people's independence. One member of staff told us "I always encourage, but ask how they would like to be supported". Another told us "It is important to keep people covered and maintain a warm environment when delivering personal care".

Staff said they felt they had enough time to carry out people's care needs on each visit. One staff member told us "We will always stay to finish what has to be done".

We were shown a detailed service user guide which people received when they started using the service. This included guidance and support for people and pictorial information to help people understand what was being said.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person said “They're very flexible and I only have to ring the office to cancel or change things at short notice. They know me straight away when I ring up. If there's anything they can do they'll sort it for me”.

People said care staff listened to them and respected their choices. One person said “I had to go to hospital and spoke to one of the carers and she asked how I was going to get there and if I would have someone with me, I didn't know but she said all I had to do was ring the office and they would sort it out for me, which they did”.

One health professional told us “When I have needed to contact the office, staff were always helpful in arranging times for joint visits, and updating me on their involvement”.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We looked at ten care plans and found the details recorded consistent. Care plans were detailed enough for a carer to understand fully. One part of a care plan documented the personal outcomes for people and how these could be met with assistance from care staff where needed.

People's background, likes and dislikes were recorded in the care plans. This enabled care staff to understand a person and care for them. One staff member told us “It is important to make a person feel comfortable, earn their

trust and don't rush. Learn from them and what their needs are”. Another told us “Communication is very important establishing a relationship, so that people feel comfortable with how they are being cared for”.

Care plans were reviewed annually or when a person's care needs changed. Reviews involved the person, family members and health care professionals if required. One care plan was overdue for a review, out of the ten care plans we looked at. The manager told us they were aware of this and would make sure this was completed

Care staff told us they felt they did not always have enough travel time in between visits to people. One staff member told us, “It is generally ok but can be inconsistent between times allocated”. Another staff member told us “Some travel times are not always realistic”. We found that this had not impacted upon staff providing care in a responsive way. We spoke with the members of staff who completed the staff rotas and discussed this with them. They told us they were looking into ensuring staff had sufficient time to travel in between calls and also regularly got feedback from care staff on what travel times they required.

We saw records of compliments and complaints. The service had a complaints policy and procedures and complaints were responded to in line with this. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed. Board meetings with the provider and management team were held quarterly and these included a review of complaints to ensure they were dealt with effectively and timely. We were told complaints were dealt with in a positive, responsive and reflective way. This enabled the service to learn from the complaints they received.

Is the service well-led?

Our findings

There was a registered manager at the service.

The atmosphere was busy, friendly and professional. Staff working in the office were able to speak to the manager when needed, who was supportive.

People we spoke with felt the manager was approachable and helpful. One relative told us “I have found the manager to be supportive when I have had to call her”.

Staff felt there was an open and transparent culture at the service. They received regular support and advice from their manager via phone calls and meetings in the office. Staff said they felt the manager was always available if they had any concerns or needed any assistance. They told us, “There is an open door policy and if I require support I can speak with them and feel very supported”. Another staff member told us, “I definitely feel supported, management will respond if I have any queries”. Staff said the manager was approachable and kept them informed of any changes and updates.

The manager assured themselves they were delivering a quality service by the use of checks and carried out internal quality audits on the service monthly. The audits covered areas such as complaints, medication records and staff training. This highlighted areas needed for improvement. Findings were also discussed at a board meeting that was very three months. The manager undertook a combination of announced and unannounced spot checks on staff to review the quality of the service provided.

Team meetings were held throughout the year for staff to attend. These were held on various dates to enable as many staff to attend. Areas covered at the meetings

included welcoming new staff, updates about people who used the service and training. Staff told us they found these to be beneficial and informative. Minutes of the meetings were made available for staff that were unable to attend.

The service sent in quarterly quality audits for the local authority to analyse. The local authority would recommend improvements if needed to help drive quality improvement for the service. These audits focussed on areas including staff training, supervisions, appraisals and spot checks on staff.

We spoke with the manager and provider who told us that they had been looking into improving how they send surveys out and the possibility of using a computer based survey form. They were close to making a decision on what format the survey should take and plan to have it completed by the end of March 2015. We were also shown an example on how the survey would look.

Care staff obtained feedback from people on a regular basis. If required feedback would be passed to the manager who would follow up where needed. It was also sought at a person's review every six months and recorded on their review form.

A staff quality survey was undertaken in July 2014, this also included group meetings with the staff for an opportunity to discuss any concerns or improvements they felt was needed. The service had also used an external consultant to interview staff to identify areas for improvements. We looked at the report and there were detailed recommendations for the service to review. Some of those recommendations the provider had taken action in response to the staff feedback. This included more specialist training for staff and improving communication between office and care staff. The manager told us how beneficial this was and would help in improving staff retention.