

Connections Care Limited

Connections Care Ltd

Inspection report

Middleton Skills Centre
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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 18 January 2016 and was announced. At the last inspection in January 2015 we found the provider was meeting the regulations we looked at.

Connections Care Limited provides care and support to people in Leeds and surrounding areas. The agency's office is situated in Middleton. They offer a range of services to individuals who live in their own homes and need support or care.

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 and associated Regulations about how the service is run.

People we spoke with told us they were very happy with the care they received from the service.

People who used the service told us they felt safe with the staff and the care they were provided with. We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and staff showed they understood how to ensure their practice was in line with the MCA.

We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver good care. People who used the service said their visit times suited their wishes and staff always stayed the agreed length of time. Some people told us that calls were sometimes late, but they were always notified of this by a call from the office or care worker.

We looked at six staff personnel files in detail and saw the recruitment process in place ensured that staff were suitable and safe to work in the agency. Staff we spoke with told us they received supervisions and had annual appraisals carried out by the registered manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff.

The seven care/support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

People told us they got the support they needed with meals and healthcare. We saw arrangements for medication were safe.

Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

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 told us they felt safe and well looked after. Staff knew what to do to make sure people were safeguarded from abuse and any risks were managed to ensure people's safety.

There were enough staff to meet people's needs and a robust recruitment process was followed before staff were employed.

There were appropriate arrangements for the safe handling of medicines.

Is the service effective?

Good 

The service was effective.

Staff training and supervision equipped staff with the knowledge and skills to support people safely.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People received the support they needed with meals and healthcare.

Is the service caring?

Good 

The service was caring.

People were complimentary about care workers.

The service promoted privacy, dignity and independence well.

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

Is the service responsive?

Good 

The service was responsive

People's needs were assessed before they began to use the service and person centred care plans were developed from this information.

People had detailed, individualised care plans in place which described all aspects of their needs and showed how they were involved in the development of them.

People knew who to contact in the service if they needed to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well- led.

The management team were familiar with people's individual care needs and knew people who used the service and staff well.

People who used the service, relatives and staff spoke highly about how well the service was run.

There were effective systems in place to monitor and improve the quality of the service provided.

Connections Care Ltd

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 18 January 2016 and the visit was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. This inspection was carried out by one adult social care inspector 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. Our expert had experience in domiciliary care services.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 62 people receiving personal care from the service. We spoke on the telephone, with four people who used the service, five relatives and four staff. We visited the provider's office where we spoke with the registered manager, the office manager, the business partner and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at seven people's care and support plans.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, "They [name of care workers] are very caring." Another person said, "I am happy and feel safe with all the people who support me." Relatives of the people we spoke to all said they felt their family member was safe and well cared for. One relative told us, "[person's name] is the centre of whatever the care workers do, I am happy that [person's name] is safe."

Staff had completed training in safeguarding vulnerable adults and staff were able to demonstrate the different types of abuse. Staff told us about financial abuse and how they need to ensure they provide receipts at all times. The service had a safeguarding policy in place on the notice board in the office. Staff confirmed that they were aware of the policy and what to do and who to go to if they suspected abuse.

People told us they, or their next-of-kin, were mostly responsible for their medications, but care workers would sometimes support them with this. Staff told us they would only support with medication that had been prescribed to the person by the GP. People who told us their care workers gave them their medication were happy with this. The agency had a medication policy in place and staff confirmed they had read and understood the policy.

Staff were able to tell us about people's medication and any side effects which could occur. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. This was evidenced at the time of inspection. They told us they would contact the office for further advice if someone persistently refused to take medication.

We saw risk assessments were in place around supporting people in their home, medication, moving and handling and communication.

We saw systems in place to record accidents and incidents. There had been no accidents or incidents since the last inspection.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. If people's needs changed the registered manager said they would hold a review to look at how best to ensure the person's needs were met safely.

The registered manager told us there had been no missed calls since the last inspection. Records looked at showed evidence of this. This meant the service was providing the care and support needed.

Recruitment procedures were in place and the required checks were undertaken before staff could work for the agency. All staff had been checked with the Disclosure and Barring Service (DBS). DBS checks are used to identify whether staff have any convictions or cautions which may prevent them from working with vulnerable people.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service. One member of staff said, "I would have no hesitation in calling a GP." Another staff member said, "I would always call 999 or a GP if I felt this was needed." Other staff said they would phone an ambulance, ring the office and ensure the next of kin were informed.

Is the service effective?

Our findings

People we spoke with said staff knew how to care for them and had the right skills and abilities to do their jobs. One person said, "Yes, they are very well trained." Another person told us, "They are all brilliant." A relative of a person using the service told us, "The same care workers come. There is a core of care workers who come usually the two or three we are very familiar with them."

The registered manager had identified the training staff needed, in order to provide care and support effectively. Staff we spoke with told us they had completed training in 2015, which included training in, health and safety, moving and handling, infection control, medication and safeguarding adults at risk. All staff had completed an induction programme before working alone in a person's home. The programme consisted of an initial meeting with the person and the staff member, shadowing the team leader until the staff member and team leader felt confident in their ability to complete the role. There was a written record in each staff file saying when they had been signed off as competent. This was evidenced through the staff files on inspection.

One staff member told us, "The training is great; I feel it helps me in my role." We looked at staff training records which showed staff had completed a range of training sessions in 2015. These included health and safety, medication, safeguarding and mental capacity act and DoLs.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff received supervision and appraisals.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. Staff told us if they were concerned in any way about the people they support around their capacity they would speak to the registered manager. Staff we spoke with confirmed they had received training on the MCA. We saw the person had signed consent to record information during their assessment and to share this information with others involved in their health care. People told us their consent was sought by staff before any intervention or provision of care and/or support. One person told us, "They always ask you." Another person said, "They always ask me if I can do things myself before they support me."

People we spoke with told us they could see health professionals as and when required. They were seen on a regular basis by either the GP or the nurse. People said they could address any of their health issues with any of the care staff in the service.

Members of staff told us people who used the service had regular health appointments and their healthcare

needs were carefully monitored. We saw care and support plan contained information regarding moving and handling assessments and healthcare reviews. One care worker told us, "If I had any issues at all around someone's care I would speak to my manager straight away."

People we spoke with who had meals prepared by care staff told us that they always had choice about what they ate. People said they were pleased with the meal choices they had. We saw information in people's care and support plans about their nutritional needs. One person was identified as being at risk due to reduced fluid intake; a food/fluid intake chart was completed and signed by all staff alongside regular weight monitoring. Staff told us before they left their visit they made sure people had access to food and drink. This was confirmed by relatives and people who use the service.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff that support them. Comments included; "They're very outgoing and very friendly. "They're efficient in every way, and they [care workers] love her to bits." One relative of the people commented, "Good god, aye. I can't complain about any of them- there all smashing. I know I'm blowing there trumpet, but it's true."

People and their relatives told us they were treated with respect and dignity by the care workers. One person told us, "They [care workers] take half an hour, not long, but she doesn't rush about. We get everything done." One relative told us, "They [care workers] take their time. She has a big smile on her face even though she doesn't have many words." Another relative told us, "I go in and out while they are doing it, and what I see I'm happy with."

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. All the staff we spoke with said they felt it was important for people to have as much independence as possible. One staff member told us "I always encourage people to do as much as they can as we don't want to take people's independence away."

Staff we spoke with demonstrated they knew people's individual likes, dislikes and care preferences. Staff could describe the people they supported and what was in their care plan around activities and personal care requirements. It was clear by the way staff spoke about the care they provided; they had built good relationships with people. One relative told us, "They [care workers] are like family. They know how to put a smile on her face." Staff spoke warmly about the people they supported. They said they gave good care to people they supported and gave examples of how to promote people's dignity and privacy by always respecting the person they supported and asking before they completed any task. Staff told us it was important to be treated how they would like to be treated if they were receiving support.

One staff member sent a letter in to the registered manager around what being a care worker meant to her. The letter said; People invite me into their home who I treat with upmost respect. Speak to people as you would wish to be spoken to at all times. Listen to what is spoken to you. Feel honoured and privileged that this person is inviting you into their home. It's what I am. It's what you do. If the person reacts to me in a positive manner why change what you are doing. I would change nothing would you? And why ? Watch, observe the person. Speak with the person not to them at all times. Approach each person with a positive caring attitude always treat as an individual never stereotype any person with another person. Each person is and always will be individual and the most important person in the world.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The assessment came as a referral from social workers and the registered manager said they reviewed this prior to completing their own initial assessment. We saw people who used the service were assessed prior to the care package being developed with evidence of relevant agencies and people's relatives' involvement. Care plans we looked at contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. The care plans detailed the call times and peoples' preferences and how they wished their care to be delivered. For example, in one person's care plan we saw recorded the main object was preparing meals with support from care workers to maintain their independence and also around healthy eating. In another person's care plan it stated goals around building confidence and socialising more with friends in the community. Through this call times were changed to support the person on activities in and out of the community. This was recorded in the daily notes which showed care and support was given as requested. Call times we saw recorded showed staff were staying for the full duration of calls.

There were evidence people who used the service and their relatives had been involved in care planning and identifying their support needs. Records showed people who used the service or their relatives had signed the care plans to show they were in agreement with them. One relative told us their family member had just had a review. However one person who used the service told us that they were unaware of a care plan they told us "There's no plan. I haven't seen a plan. It's alright though everything gets done. My family look after all this for me."

Staff said they found care plans useful and they gave them information and guidance on how to provide the support people wanted. Staff spoke confidently about the individual needs of the people who used the service. Staff told us they read the care plans before they started supporting people in their homes and were kept informed if care needs changed. Staff showed an in-depth knowledge and understanding of peoples care, support needs and routines. Staff were also involved with the care plans. The registered manager told us that the staff supported people and knew them well so felt it was important for them to have an input into the care plans.

Staff said they received training to help them understand how to provide good care. They confirmed they had time to shadow more experienced staff before providing care themselves. Staff felt spot checks were also valuable as part of their continuous learning and development. All staff had received a spot check in 2015. This was evidenced in the staff files in the office.

We spoke with a social worker who told us "The service is incredibly responsive they go above and beyond all the time. The registered manager chases up GPs and the chemist. The registered manager through discussions with social workers and care management received extra funding for one person they support to help maintain their home." The social worker told us this was from the persistence of the management team and staff who support the person to ensure the person's needs were met in relation to their care plan. It was noted in the person's care plan this was important to them to maintain their home in a way they liked. People who used the service or their relatives said they did not have any complaints or concerns about the agency. They felt confident they could raise any concerns with the registered manager if they did. People

told us they were given information on how to complain when they first started using the service. A relative of a person who used the service said they would speak to the registered manager if they had a concern or complaint. All the relatives we spoke with told us information on how to make a complaint was contained in the family member's folder in their home. One person told us, "If I had a complaint I would speak to the care worker or the manager. I have the number in my care plan."

Staff we spoke with told us people's complaints would be taken seriously and they would report any dissatisfaction to the registered manager or business partner. Staff were familiar with the complaints procedures and understood people's rights to complain.

We saw the service had systems in place to deal with concerns and complaints. There had been no complaints at the time of inspection. The registered manager said they would learn from any concerns or complaints that came through and discuss this with the staff team. The provider had a complaints policy in place, a copy of this was on the notice board in the office. All the people had a copy of the complaints policy in their care plan.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff providing support and guidance where needed. We saw that the registered manager had knowledge of all of the people who used the service and was able to describe their specific needs and preferences. We observed that all staff working in the office had a positive working relationship with the registered manager and business partner.

People we spoke with told us the service was well run. One person said, "If I had a problem I would speak to them but I don't, I am happy with the care I receive." One relative said, "We have had some issues, nothing major, and they were sorted out. "[name of registered manager] is very obliging." Another relative told us, "Yes, I'm very pleased with the service and I don't want to change."

Staff spoke positively about the management team and said they found them approachable. Comments included; "I feel supported, I can contact the office at any time they are approachable." "I get on well with all the staff I have no problems at all." [name of registered manager] is approachable and friendly but [name of registered manager] has a lot going on, never stops." Staff told us they were encouraged to speak up at any time if they had any issues and reported them to the registered manager. Staff told us 6 monthly staff meetings were held and they discussed items such as people who used the service, care, working practice and communication. This was evidenced through the last two staff meetings. Staff confirmed they were supported in their role and were aware of the registered manager's 'open door' policy.

People who used the service could express their views. We saw the provider sent a feedback form to people which was completed in December 2015. Overall, this showed people were happy with the service they received. Comments from the questionnaire included; 'Very happy with the care.' "I am aware of the complaints policy." The service also used the Leeds directory for people and their relatives to provide feedback of the service anonymously. Comments from these included, 'What can I say [care workers names] are the best. The whole team are excellent.' 'The managers are very supportive, I would recommend the service.'

The management team had an effective system to monitor and audit systems in place which covered care plans and reviews, training, spot checks, medication and any complaints or compliments. The registered manager and business partner looked for any trends. There was none identified at the time of inspection. The registered manager was implementing a new system at the time of inspection to support them in the auditing of any late or missed calls that may occur. The registered manager told us "The new system is a unique coding to each individual person we support. It will tell us instantly if a care worker is late or early for a call and also will alert us straight away to any missed calls. We feel this will be more effective for everyone." We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and office manager to ensure any trends were identified. At the time of the inspection there had been no accidents or incidents since the last inspection. The registered said that they would complete any relevant paperwork and the outcome would be recorded in accordance with their policy.