

Ardent Care Connect Services Ltd

# Ardent Care Connect Services

## Inspection report

Castle Court  
41 London Road  
Reigate  
Surrey  
RH2 9RJ

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20 June 2023

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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

Ardent Care Connect Services is a domiciliary care service supporting adults in the community who require personal care. Not everyone who used the service received personal care. 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 our inspection there were 2 people using the service who received personal care.

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

People told us they felt safe. There were safeguarding procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. The provider carried out an assessment of people's care needs before they started using the service to ensure staff could support them safely. There were appropriate recruitment checks before staff started work and there were enough staff available to meet people's care needs. Where required, people received support from staff to take their medicines. People's individual risks were assessed and there were plans in place to mitigate those risks.

People were supported by staff who were well trained and competent in their role. Staff had received training and support relevant to people's needs. Where required, people received support to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People confirmed they were involved in making choices and decisions regarding their care and support. They also told us staff that supported them were caring and respected them as individuals. Care plans were person centred and reflected the needs of each person. Routines were discussed with people and they were involved in their care planning. Staff supported people to make healthcare appointments where needed. People knew how to make a complaint if they were unhappy with the service.

The service was well managed and the registered manager maintained good oversight of the care provided. There were effective systems in place to regularly assess and monitor the quality of the service people received. Staff benefited from regular supervision, competency assessments and observation in their care visits by the registered manager. Staff said they received good support from the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 11 May 2022 and this is their first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ardent Care Connect Services

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

#### Inspection team

The inspection was conducted by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered in May 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who received a service and 2 members of staff including the registered manager and a care worker. We reviewed a range of records which included risk assessments and care records for 2 people who used the service. We also reviewed 3 staff files in relation to recruitment, accident and incident records, contingency plans and monitoring records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Enough staff were employed to ensure care visits were completed consistently and at the scheduled time. Staff said they had enough time to spend with people.
- One person told us, "[Staff member] is never late or never rushed so I'm guessing they have enough time to do their calls."
- Staff were recruited safely to the service and in line with the provider's recruitment policy and procedure. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people using the service from the risk of abuse. People told us they felt safe using the service and in the company of staff.
- Staff received training on safeguarding adults and were clear about their responsibility to report any concerns, and how to escalate concerns as necessary.
- One staff member told us, "Abuse has many different categories. When you see something that is not right, it must be raised with [registered manager] and then onwards to the safeguarding team. It is my responsibility to report everything."
- The registered manager understood their responsibilities in relation to safeguarding and understood how to raise safeguarding concerns with the appropriate authority.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and clear guidance was in place for staff to help reduce these risks. One person told us, "[Member of staff] understands my health care needs and seems to be able to anticipate when I am vulnerable with my walking. I am confident [member of staff] would call for help if my health deteriorated."
- Staff were able to tell us about people's individual risks and described how they would help mitigate these. For example, a member of staff told us about the importance of ensuring there were no obstacles in a person's way when they were moving around to minimise the risk of falls.
- Whilst there were no recorded accidents, there were systems in place to ensure any accidents would be recorded and reviewed to identify any learning and actions which could be taken to prevent a similar event happening again.
- The service had a business contingency plan to ensure people's care would continue to be delivered in the event of staff shortages and emergencies such as an infectious disease outbreak or adverse weather

conditions.

#### Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed. Medicine administration records (MAR) were audited by the registered manager to ensure people received their medicines as prescribed. There was a medicines policy and procedure in place.
- Where required, people received support from staff to take their medicines safely. We saw that the registered manager audited people's medicines administration records and no gaps were detected, which showed that people received their medicines as prescribed.

#### Preventing and controlling infection

- People said staff used personal protective equipment (PPE) when attending to their needs. We were told, "[Member of staff] them wears all that stuff, to be honest, I'd rather they did not wear the mask, I'd much prefer to see their friendly face."
- Staff wore PPE in line with government guidance and said they could freely access supplies. A staff member said, "I wear a mask, gloves (which I change between tasks) and an apron. I will also change clothes between calls sometimes."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider before their care began. Assessments had been completed with people or their relatives, to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- One person told us, "[Registered manager] spent absolutely ages with me asking all about me and my various conditions. I think they wanted to be sure that they matched me with the right carer," and "I have definitely improved with the support I am getting, grown more confident in being able to manage more things for myself."
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and their professional network. We saw that care plans were amended in response to people's assessed changed needs.
- The registered manager kept up to date with developments in legislation to ensure care was provided in line with relevant current national guidance and best practice. Any changes that affected the way in which care was provided were shared directly with staff.

Staff support: induction, training, skills and experience

- People told us they believed staff were competent and well trained. One person said, "I am sure they are well-trained, nothing seems to be too much for [member of staff]."
- Staff received enough support, training and supervision to carry out their roles safely and effectively. A member of staff told us, "I do training regularly, everybody needs this."
- Staff had the opportunity meet with their line manager regularly through one to one supervision. This gave them the chance to discuss their role, any concerns or training requirements. The provider maintained a log of training, supervision and appraisal refresher due dates.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans recorded their likes and dislikes in relation to their food and drink. The registered manager understood the importance of assessing people's needs in relation to nutrition and hydration and told us they would seek advice from the person's GP as necessary.
- One person told us how they were supported with their nutritional needs. They said, "Thanks to [member of staff's] diligence, we set a goal and with their support, this is really working."
- People's care notes and health management plans evidenced that staff followed advice from other

professionals and implemented their recommendations. A member of staff told us, "If I had concerns about a person's health, I would always call 999 straight away. You can't play around where some people's health is concerned."

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us the people they currently supported did not require assistance to make decisions about their own care and treatment. However, they were aware that this situation could change and understood their responsibility to ensure people received support which was in their best interests and as least restrictive as possible.
- One person told us, "Goodness me, [member of staff] does nothing without asking for my agreement."
- Staff had received training in the MCA and knew how the legislation applied to their roles. One carer told us, "We should not just assume people have or will give their consent. We should always give them the opportunity to give their views and agreement."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were 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; Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness and respect. They spoke positively about the level of care and support they received from the service and said, "The support I get is so much more than just the physical care. It is also how we chat, which helps me to relax," and, "The time [member of staff] spends with me makes me feel that this is not just about doing a job, they treat me like a person."
- Staff spoke with compassion about the people they supported, which was reflected in how they wrote the daily notes of care given to the person. They gave examples of how they had built relationships with people and used this to ensure their care was person centred. One told us, "I know about the care people need, but I spend time getting to know the person so that I can provide it in exactly the way they want it."
- People's choices and wishes were recorded in their care plans and respected. Staff respected these and delivered care in the person's chosen way. One person told us, "[Member of staff] will never make assumptions about what I want, we always discuss things and reach a mutual agreement."

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

- People told us they were always involved in making day to day decisions about their care and said they could speak to the staff team that supported them about this. Their preferences were detailed in the care plans and the daily records reflected these.
- People were encouraged to express their views during field observations and telephone monitoring, done by the registered manager. Conversations we had with people confirmed they were happy with the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people'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; End of life care

- People's needs, choices and preferences were explored at the initial assessment to make sure the package of care was tailored to their wishes and needs. As staff got to know a person, their care plan was updated and reviewed to help ensure it was accurate and reflected the person's individual needs.
- Care plans were personalised. Plans included a background history of the person, communication needs, nutritional support, health conditions and mobility needs. People told us, "I was involved in developing my care plan, I wanted to make sure it was tailored to my needs," and "We discussed [care plan] and my family was also involved with that. The plan is followed according to my wishes."
- Staff had a good knowledge of the needs and preferences of the people they visited. One said, "I must understand the care plan and make sure how I support a person is exactly how they want to be supported."
- There was information in people's care plans relating to whether they wished to be resuscitated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed in line with the AIS and recorded in their care plans.
- Staff told us about the different ways they communicated with people. One said, "I never rush someone to answer me and always make sure clients can hear me and have understood what I said."
- Documentation was made available in accessible formats to help ensure people were able to understand it.

Improving care quality in response to complaints or concerns

- The agency had a complaints policy which set out what could be expected if they had a concern or complaint.
- People told us they knew how to complain and felt confident they would be listened to. No complaints were made since the service was established.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and responsibilities to ensure good care and were involved in all aspects of the running of the service. They demonstrated a good knowledge of people's needs and the needs of their staff.
- There were systems in place to monitor the quality and safety of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and their use of PPE. The registered manager also kept a tracker of incidents, complaints, safeguarding and field observations.
- Other monitoring of the service included field observations of staff and quality calls with people and their relatives.
- Staff understood their roles and responsibilities. The provider communicated these via handovers, supervisions and field observations and said, "I believe that the way in which I promote quality and good service encourages my staff to perform to that high standard."

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

- People told us they were happy with the care they received and had recommended the agency to others. One person told us, "[Registered manager] is exceptionally competent, and is a good manager," and "I am perfectly confident with the care I get, [registered manager] manages the business very well."
- The registered manager demonstrated a commitment to delivering person-centred care. They said, "The very ethos of the company is to give top quality care and help people to understand they have a right to live a good life."
- Staff we spoke with told us they were proud to work for the provider and of the work they did. One told us, "The service is organised because things are recorded and documented. [Registered manager] makes sure we read and understand everything and will give us guidance."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The registered manager made regular quality checks with people and it was evident people were happy with the care provided to them.
- Staff spoke positively about how the registered manager effectively communicated with them to keep

them informed about people's needs, changing conditions and needs of the service.

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. One person described them as "open and honest."
- The registered manager understood their responsibility to inform the local authority and CQC about events which affected the safety of people and the safe running of their service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear drive to continuously improve the service. They told us, "Every step I take is a learning process. I seek people's views and opinions so that I know we are providing them with the best quality care."
- Management attended various peer groups or sessions. They told us they had gone to care shows, were members of Skills for Care and the Homecare Association and also attended Surrey Care Association meetings.
- Management engaged with external agencies to support them with learning and growing their agency. In addition to peer groups, they worked with the community nurses, local chemist and GP practice and Surrey County Council.