

Care Connected Ltd

# Care Connected Limited

## Inspection report

522 Arterial Road  
Leigh on sea  
Essex  
SS9 4DT  
Tel:01702 527468  
Website:

Date of inspection visit: 8 July 2015  
Date of publication: 11/08/2015

### 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 8 July 2015. Care Connect is a domiciliary care agency which offers personal care, companionship and domestic help to support people living in their own home. There are currently 12 people using the service.

The service has 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.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had up to

# Summary of findings

date information about people's needs which meant they were more effective in delivering appropriate care. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, district nurse and occupational therapist. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

# 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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Good



### Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.

People had access to healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

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

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Care Connected Limited

## 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 8 July 2015 and was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the manager at their office and spoke with them, their deputy and three members of staff. We reviewed three care records, training records, four staff recruitment and support files and audits. After the inspection visit we undertook phone calls to four people that used the service and one relative.

# Is the service safe?

## Our findings

People told us they felt safe using the service, one person said, “They [staff] always watch me on the stairs to make sure I am okay.” Another person said, “I feel very safe with them [staff].”

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, “If I had any concerns I would report it to the manager or I would go to the safeguarding team.” Another member of staff said, “I would report any concerns to the manager or would go to social services.” The service also had a ‘whistle blowing’ policy where staff could discuss any issues confidentially. Where appropriate the manager had made safeguarding referrals to the local authority to investigate.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people’s homes. The risk assessments included making sure the environment was safe, for example, that there were not any loose rugs or carpets that people could trip over, and that people’s boilers had been maintained. Some people wore emergency call pendants around their neck, staff said, “I always ensure they are wearing them and remind them to press the button if they have a fall or need help.”

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, “It is recorded in people’s care plan what to do in an emergency and who to call.” Another member of staff said, “If needed I would call an ambulance straight away or their GP.” Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

There were sufficient staff employed to keep people safe and meet their needs. . One member of staff said, “There is always enough of us to cover calls.” Another said, “I have

enough time to spend with people we are never rushed to do calls back to back, I stayed an extra 20 minutes at one call today just because we were chatting.” People said that the staff never let them down or cancelled calls and that staff arrived on time. One person said, “I always have the same three or four carers so I know them all well.”

The manager had a system in place where staff texted the service to let them know they had arrived at a call and when they had finished. This allowed the manager to track that calls were attended on time and that there were no missed calls. Staff told us, “If I have any problems or if I am delayed by traffic, I let the manager know and they inform the person I am visiting.” People we spoke with confirmed that if there were any issues they received a call from the manager.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I saw the job advertised and came in and had a chat with the manager. I then filled in an application form and came back for an interview.”

People who used the service were responsible for their own medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication. Staff had received training in managing and dispensing medication, any changes made to medication staff let the office know so that people’s records could be updated. Where required staff supported people in collecting prescription’s and ensuring people had enough medication supplied.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. We asked people if they thought staff had the correct training to do their job. We received such comments as, “The staff are all very good, they are very well trained.” And, “The staff are good, they will do for me.” Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, “I have completed my national vocational qualification at level three recently we had training on dementia and also infection control.”

Staff undertook a thorough induction when they started at the service. The manager and deputy worked alongside new staff to ensure they had a good understanding of people’s care needs. We were told that this would continue until the staff member was confident to work on their own and when the people they were supporting were happy with this. Staff confirmed that they had never supported a person on their own until they had been fully inducted. A member of staff told us, “When I first started I went out on visits with the manager, then I shadowed other staff until I was confident on my own.” Another member of staff told us, “I have nearly completed doing the ‘Care Certificate’ I have really enjoyed doing it.” The Care certificate enabled staff who were new to care to gain the knowledge and skills to support them within their role. Staff received regular supervision, one member of staff said, “The manager sometimes observes what I am doing with people then after we have a discussion.” This helped staff to identify any additional training or support they might require.

All the people who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and was aware of how to protect people’s rights.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them or by helping them with shopping for food. One person told us, “We go shopping every week and [name] helps me buy the food I like.” Another person told us, “The girls make me whatever I like, I had a bacon sandwich this morning.” Staff told us that some people like their meals prepared freshly each day and they will tell them what they want, whilst others prefer microwave food. One member of staff told us, “I usually get a selection of meals out of the freezer and ask [name] what they would like.”

Between visits to people staff ensured they were supplied with enough fluids and were left with whatever snacks they preferred. Staff said this varied between healthy snacks such as fruit or could be biscuits and sweets dependent on what the person preferred. Staff told us, “I always leave [name] with a large beaker of water to encourage them to keep drinking and the biscuits they like.”

People if required were supported to attend healthcare appointments. One person told us, “They [staff] take me to my chiropody appointment every couple of months.” Staff told us they have assisted people to go to hospital or doctor’s appointments when required. In addition staff said that they worked with other health professionals such as district nurses and would call them to attend to people if they felt they required this.

# Is the service caring?

## Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People told us, “The staff are excellent all very good, very caring.” Another person said, “They [staff] look after me very well, do anything I want.”

Staff knew people well, including their life histories and their preferences for care. Staff told us how they enjoyed talking with people and listening to them about their lives. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff were respectful of the fact that people may be too proud to accept their support and preferred to do things for themselves. Staff told us, “Sometimes we just pop in with a cake and have a cup of tea with them to check they are ok.”

A relative told us how supported she felt by the staff they said, “They [staff] are always there at the end of the phone, if I have any problems I just give them a ring, nothing is too much bother.” They went on to say how sometimes they needed additional support with their relative and said, “I just ring [name] and say I am having a problem and they come around straight away, they are very good.”

When talking with staff they were all very positive about the people they supported and spoke of them fondly. Staff felt it was their job to assist people to maintain their independence and build relationships with people as if they were their own family.

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. One person told us, “I have a care plan my daughter was involved with it.” The manager discussed people’s care needs with them so that they could develop a care plan that was tailored to their needs. People used the service for a number of different reasons from general household chores, as companions, dog walkers and for personal care. This would all be identified in the care plan which was then reviewed as required or every two months.

Staff were respectful of people’s privacy and dignity. A member of staff told us, “Although they leave the door open for me, I always call out before I go in so they know I am there.” People told us that staff were very respectful to them and helped them maintain their independence by supporting them in their own home.

## Is the service responsive?

### Our findings

People received care that was individual to them and personalised to their needs. The manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. A relative told us, "We have a care plan we discussed everything before they started."

If people's needs did change and they needed additional support the manager worked with community services to ensure people received the support they required. For example the deputy manager told us, "If I felt people needed assistance or equipment that could help them, I would refer them to their GP so that an Occupational Therapist could do an assessment." Staff told us if they felt they did not have enough time with people they would tell the manager so that they could re-assess their care package. This demonstrated the service was responsive to people's changing needs.

Staff supported people to follow their hobbies. Staff for some people acted solely as companions and was employed to take people out on trips or spend time sitting with them. One person told us, "[name] comes every Monday and we go for a trip out." They said, "I really look forward to seeing them and going out." Another person said, "Sometimes we go out to the local market or just for a walk." Staff said they supported people with whatever they like to do they said, some people like to listen to music, or have a dance, some people like to have the paper and do crosswords, whilst another person likes you to sit and play cards with them.

The provider had a robust complaints process in place. The manager regularly gathered people's views on the service by visiting them or by talking to them on the telephone. We saw from records that any complaints had been promptly investigated and resolved. People told us they did not have any complaints about the service but all said, if they did, they would speak with the manager. Staff knew how to support people in making a complaint should they wish to make one. The manager provided people with contact numbers to call if they were concerned about their care.

# Is the service well-led?

## Our findings

The service had a registered manager. People were very complimentary of the manager and the service. One person told us, “[name] is wonderful, a very nice gentleman.” Another person told us, “[name] is very helpful.”

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together. Staff told us, “We are a lovely team we all work well together and support each other.” Staff shared the same vision of the service, to support people in their own home, to promote their independence and enable them to live a fulfilled life.

Staff received constructive and motivating feedback from their manager which improved their skills and care delivery. Staff were very complimentary of the manager saying that they were always available to give them support. One member of staff told us, “When I first started the manager was always there and would come on visits with me to check I was getting on okay.” Another member of staff told us, “You can always ask the manager anything, it might even be something stupid like; I can’t get the washing machine to work.”

Staff felt supported through regular staff meetings. Staff said they could discuss anything at these meetings and that they found them helpful to discuss people’s care

needs. In addition staff said that at these meetings they would go over a topic to help with their learning for example infection control or medication management. Staff felt that their opinions were listened to, one said, “I suggested a different type of cup for somebody who had difficulty with their grip and straightaway the manager got on the internet to find and buy one to try.” This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people’s views on the service through direct feedback, telephone calls and by using questionnaires. The responses and feedback from the surveys were all positive. They were distributed to people and relatives and the written feedback was very complimentary of the service people received. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring processes in place, these included doing spot checks on people’s care and monitoring the support they received from staff. The manager also reviewed people’s care records and written notes every month. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.