Care Connect Wirral Limited

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## Inspection report

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12 December 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Requires Improvement |

# Summary of findings

## Overall summary

We carried out an inspection of Care Connect Wirral on the 11 and 12 December 2018. The visit on both dates were announced.

The last inspection of this service was in March 2018. At that inspection the service was rated as requires improvement overall with well-led rated as inadequate. The service had been found to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not applied good governance to the service. As a result, the service was rated as "inadequate" in the well led question we ask.

In response to this we issued the service with a warning notice. A warning notice is designed to highlight to the service that improvements were required within a set timescale or more formal enforcement action would be taken. This visit found that the warning notice had now been complied with.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to predominantly older adults. The service at present provides support to people predominantly in the Ellesmere Port and Wirral area. Not everyone using Care Connect Wirral receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

During this visit, the registered provider supported 111 people with their personal care. There was 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.

At this inspection we identified that the required improvements had been made. While no breaches were identified at this visit, we have rated the location as requiring improvement overall. This is because the registered provider needs to demonstrate a period of sustained good practice to achieve a rating of good.

Improvements had been made in the auditing processes within the service. Key documents such as care plans, risk assessments, recruitment records, notifications to CQC, medication and service user surveys were now checked with a view to embedding these within care practice.

Not all care plans person-centred. Some had additional information to present a person-centred approach. This had been recognised by the registered provider and a plan of action in place.

We have made a recommendation about the writing of daily records.

Some people commented that some timings of calls were not always on time but that these delays were not excessive and did not have an impact of their support.

People felt safe with the staff team. Staff were aware of the types of abuse that could occur and systems were in place to report these.

Staff provided support in a way which minimised the spread of infection.

The auditing of systems within the service now enabled lessons to be learned.

Staff received the training and supervision they needed to perform their role. New staff had a structured induction process to enable them to prepare for work.

The registered provider operated within the principles of the Mental Capacity Act 2005. The capacity of people was taken into account during the assessment process.

People consented to the support they received.

People felt cared for and felt that staff treated them in a respectful manner. People's personal information was kept confidential.

Information was available in alternative formats for those with communication needs.

A robust complaints procedure was in place. People told us that they knew how to make a complaint.

The registered provider co-operated with other agencies. The registered provider was aware of the requirements to put their most recent ratings on display.

## 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 who used the service felt safe when being supported by the staff team.
Improvements had been made to the recruitment of new staff, risk assessments and medication management.
People were protected from abuse.

### Is the service effective?

**Good**

The service was effective.
Staff received training and supervision appropriate to their role.
The registered provider operated within the principles of the Mental Capacity Act 2005.
People had their consent gained from the service while they were being supported.

### Is the service caring?

**Good**

The service was caring.
People felt supported by the staff in a caring and respectful manner.
People's sensitive information was kept confidential.
Staff were aware of practical steps to promote people's privacy during support.

### Is the service responsive?

**Good**

The service was not always responsive.
Existing care plans were not always person-centred although this had been recognised with a new system of care planning proposed.
A complaints procedure was in place.
Appropriate end of life support was provided by the service.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.
A longer term of consistent good practice is required to achieve a rating of good for this key question.
Auditing and governance of systems had been improved upon.
Staff considered the registered manager to be approachable and supportive.

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|---|---|
| The registered provider had systems in place to notify CQC of significant incidents. | |

# Care Connect Wirral 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.

This inspection took place on the 11 and 12 December 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager was available to assist us.

Both dates involved visiting the office, talking to staff and gaining the views of people who used the service about the support they received.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at eight care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we gained the views of 13 people who used the service. We also spoke to a representative of the registered provider and 6 staff members.

We contacted two local authorities who routinely contract with the service. Both responded and told us that the registered provider had made improvements to the governance of the service.

As part of our inspection, we ask registered providers to complete 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. A PIR was returned to us when we asked.

Good

# Is the service safe?

## Our findings

People told us without exception that they felt safe with the staff team. They told us, "I feel safe with [staff]" and "I have no worries being supported by [staff]." This view was also shared by relatives of people who used the service. People were happy with the way they received support with medication.

People commented "sometimes they are a bit late or a bit early in arriving", "its not their fault as it is understandable due to their other commitments" and "this has not been a problem-they do let me know".

Our last visit in March 2018 found that improvements were required to ensure that people were safe. These included shortcomings in the process of identifying risks faced by people as well as in medication administration, recruitment and the analysis of accidents. This visit found that improvements had been made in all these areas.

The registered provider demonstrated that new staff were now appropriately recruited to their role. Personnel files included references and other checks such as a Disclosure and barring check (known as a DBS). This ensured that staff were suitable to support vulnerable people in their own homes. Other information relating to photographs confirming people's identity and fully completed application forms were now in place. Staff who had recently been recruited since our last visit told us that the process had been fair and thorough.

Our last visit had identified that risk assessments outlining the hazards faced by some people in their support were not complete or were missing. This visit found that risk assessments were in place and reflected the risks people faced. Assessments relating to medication administration, falls and the safe transfer of people using hoists (where applicable) had been devised and appropriately reflect the steps staff needed to take to ensure that people were safe. Other risk assessments related to risks within each person's own home. These were in place and had been reviewed appropriately.

Further improvements had been identified at our last visit in respect of medication administration. This had included confusion as to whether people were prompted to take medication or whether staff had a more involved role in this. In addition, medication records were not fully detailed in outlining the types of medication prescribed and when these should be given. This visit found that improvements had been made to the recording of medication. Medication administration records (MARS) had been reviewed and provided a more detailed account of what medication had been prescribed and when these should be given to people. In addition to this, care plans were clearer and outlined the level of support that should be given by staff, for example, prompting people to take medicines or staff administering them.

MARS had been completed appropriately. The registered manager had a system in place to check MARS once they had been completed and was able to demonstrate that a system of effective governance was in place. Staff told us that they had received medication training and had their competency to do this safely assessed.

Our last visit had highlighted that accidents and incidents were not analysed. This had meant that there was no suitable and effective system in place to learn from and prevent similar accidents and incidents from occurring in order to protect people who from preventable harm. Systems had been introduced to analyse any incidents or accidents so that lessons could be learned. No significant accidents had been experienced by people who used the service since our last visit to the service in March 2018.

People told us that staff never missed calls although sometimes they were "a little late". People understood that this was due to travelling times between people's homes and considered that this was beyond the control of the service. The registered manager stated that they aware that timing of calls had been problematic of late but that people had not had to wait excessively for support to be provided and that calls to people had been honoured. No-one who used the service told us that this had impacted seriously on their care. The registered manager told us that there had been some issues in recruiting new staff but this was ongoing. One local authority commissioning team had confirmed this to us.

A computerised system was in place indicating the timing of calls and whether calls had been completed. This was overseen by the management team on a daily basis and enabled the timing of calls to be monitored and to anticipate any potential missing of calls so that remedial action could be swiftly taken. Staff confirmed that they received their rotas in a timely manner and felt that their workload was manageable with time allocated between calls.

Staff received training in infection control and confirmed that they had ready access to personal protective equipment (PPE) such as disposable gloves and aprons. People told us that the staff team used these while they were being supported with personal care tasks.

Staff demonstrated an awareness of the types of abuse that could occur and were clear about systems in place to report these. They were confident that any events would be dealt with by the registered manager. The registered provider had systems in place to report any safeguarding issues and our records indicated that the registered provider had taken appropriate action in these instances. The registered manager completed low level safeguarding records for the local authority. Low level events are those incidents that cause concerns but do not meet the threshold for a more detailed investigation.

The registered provider had responded to shortcomings we had identified during our last inspection in March 2018. We had issued a warning notice to the provider outlining the need to provide a well governed service and the particular improvements required to prevent more formal action from us. This visit found that the registered provider had complied with the warning notice and had implemented systems to improve governance. This demonstrated that lessons had been learned from the last inspection visit.

Good

# Is the service effective?

## Our findings

People told us "[staff] know what they are doing" and "they know what they are doing and just get on with it ". People told us "[staff] always ask me how I want to be supported" and "[staff] always ask me first before they do anything".

At our last visit in March 2018, we found the care people received was mainly effective however the provider did not have an oversight to ensure improvements were sustained. For example, through effective audits systems. On this visit we found that improvements in auditing meant that the registered provider was providing a more effective service.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The staff we spoke with had an understanding of the principles of the MCA and what action might be taken when a person lacked capacity. In addition to this, staff had received training in this. We saw people's capacity had been considered as part of the initial care assessment and found no one lacked capacity to make decisions; this information was available for staff to refer to when supporting people.

The registered provider gained the consent on people to deliver their support. Care plans showed evidence that their contents had been agreed by people prior to their care package starting. This extended to the frequency and days of calls also being agreed with the people who used the service.

Staff received the training they needed to perform their role. Training was ongoing and included mandatory health and safety topics such as food hygiene and infection control. Other training was provided to staff in respect of medication administration, safeguarding, equality and diversity and the Mental Capacity Act. Staff told us that training was regularly provided to them. Training certificates were in place to confirm the training that staff had received.

Staff received supervision appropriate to their role. Staff told us that they had one to one supervision sessions with their line manager but were able to discuss issues with their manager in between set

supervision sessions. Group supervisions was held through the provision of staff meetings. The registered provider had a further system in place for checking on the performance of the staff team. This involved spot checks that were held whereby staff's performance was observed while they were providing support to people. The checks included the appearance of the staff member, the way in which they interacted with people who they supported and whether assistance with medication was done in a safe manner, for instance. Spot-check records were maintained and where improvements were made; these were discussed at staff supervision. All staff told us that they had regular spot checks. These were unannounced and that people who were being supported were consulted about the process beforehand.

A structured induction process was in place for new staff. Staff told us training and a period of shadowing existing members of staff. Staff told us that they had the option to extend the period of shadowing if they felt that they needed more confidence before they worked unsupervised. Records of induction were maintained. Once deemed competent; staff then worked independently. Staff told us that the induction process had prepared them for their role.

Some people who used the service were assisted in their dietary needs. Where applicable, care plans included any dietary considerations that needed to be made by the staff team. We did not identify any people who required assistance with eating. The involvement of staff was linked to the preparation of meals and drinks once people had been asked what they wanted to eat and drink. People told us "they are good with preparing meals" and "I always get what I ask to eat". Staff had received training in food hygiene and were aware of the considerations needed to prepare meals in a hygienic manner.

Care plans and assessment information included an overview of the health needs of people; both in the past and current issues. There was evidence through daily records that assistance had been given to people who needed assistance to attend health appointments. While the general health and wellbeing of people was recorded in daily records; there was no instances identified where staff had needed to seek emergency medical assistance to deal with any health issues experienced by people. An on-call system was in place to deal with medical emergencies or advice. Staff confirmed that there was always support available.

Good

# Is the service caring?

## Our findings

People told us "I am happy with the care" and "[staff] are helpful with meeting my needs". They told us "[staff] are courteous", "they [staff] have good manners" and "I feel understood and respected".

Staff could outline the practical steps that they took to ensure that people's privacy and dignity were upheld. Staff told us that they were mindful that they were in people's own homes and always greeted people and enquired about their health in the first instances. They outlined practical steps to ensure privacy and dignity was maintained through the closing of doors, curtains and ensuring that people were covered up when receiving personal care.

People considered that their independence was upheld by the staff team. They told us that during personal care, for instance, they were able to carry out some tasks for themselves without being completely reliant on the staff team and that this was encouraged. People also felt that they were consulted about how they wished to be supported and were able to express their views and wishes. Care plans made reference to those areas that people could manage themselves, for example, independence in medication administration.

The registered provider had taken steps to ensure that sensitive information was protected. Information included written records relating to the personal information of people and these were stored appropriately in the main office. This was only accessible to the management team. Other information was available on computers. Again these could only be accessed by people through passwords and usernames. This meant that people's private information was kept confidential by the registered provider.

No-one had specific communication needs which affected their ability to make their needs known verbally. The communication needs of people were included within care plans and risk assessments. In those instances where communication needs would impact on the support provided; the registered provider told us that this would be taken into account.

No-one required the assistance of advocacy services at the time of our visit. The registered provider stated that they would make information on local advocacy services on request.

The registered provider had received compliments about the support provided to people. These were on display and available to the staff team. Compliments included "[staff] have really kept her going", "I have no complaints", [staff] have good manners" and "thank you for all the care you give me".

Good

# Is the service responsive?

## Our findings

People told us that they had received a copy of their care plans and had the chance to look at these and agree with their contents. People told us that care plans reflected the needs they had and the support provided to them. People told us "I know how to make a complaint" and "I have the complaints information here if I need it". People said, "I have no complaints".

Care plans were not always person-centred. Some care plans had a basic list of the needs that people had. These referred to general needs such as "assist with personal care". Other care plans had supplementary documents which provided a more person-centred account of how support should be provided in line with people's needs. These were used in conjunction with basic care planning documents. This meant that there was an inconsistent approach to providing a person-centred approach to meeting people's needs. This had been recognised by the registered provider who planned to introduce a new computer-based system to remedy this. Care plans were reviewed regularly and people who used the service had signed these confirming their agreement with the support outlined.

A member of the management team showed us how the proposed system would work. As well as monitoring the timing of support calls to people who used the service and other features relating to their support; the system enabled a detailed care plan to be recorded. We looked at one care plan on the new system and found that it reflected the individual preferences and needs of the person as well as detailed steps for staff on how this support was to be provided. It was anticipated by the registered manager that this system would be ready by the end of January 2019.

Care plans were accompanied by daily records which indicated the support provided as well as the general wellbeing of the people they visited. The majority of records were detailed and provided an account of the support provided to individuals as well as any other issues that staff had identified. The standard of recording was inconsistent with a minority of records providing a list of tasks done such as "[name] fine, washed, dressed, breakfast, medication" as opposed to a more detailed account. This is recognised as a training issue for some staff.

We recommend that the registered provider accesses good practice resources for effective report writing.

The service did not directly support people in pursuing activities yet there was an acknowledgement and account of the interests of people in assessments information and care plans. The registered provider acknowledged the interests of people and used this as a point of discussion during support. The service provided information on activities in the local community for people if required.

We checked whether the service was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. The registered provider had access to alternative formats available for people with communication needs if required.

The service had had experience of supporting those people who were reaching the end of their lives. This was done in conjunction with other agencies such as District Nurses and Macmillan nurses. The provider information return gave an account of one person who wished to remain at home during this stage of their lives and how the agency had supported them at that time. Staff had received training in this yet it was recognised that other staff needed to complete this training. The future wishes of people when they reached the end of their lives were recorded.

People were aware of who they could make a complaint to within the service. A complaints procedure was in place and had been made available to people to refer to. The procedure outlined the timescale for investigation. A complaints record was maintained outlining the nature of the complaint and action taken to resolve it.

Requires Improvement

# Is the service well-led?

## Our findings

People did not specifically comment on how well led the service was but they gave overall views of the service that was received and this was positive. People were "happy with the support" and "staff are very kind and good at what they do". People did make reference to staff being "a little bit late" or "a bit early" for calls but they did not consider that this was having a significant impact of their lives. The registered manager was aware of this and had sought to improve the timing of calls to ensure that they were in keeping with agreed support packages. This had been done through the continued monitoring of calls in real-time and re-allocation of staff. The registered provider had also identified the need to recruit more staff but had had difficulties in doing this despite a recruitment drive.

At our last inspection in March 2018, the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. This was because the provider did not have adequate systems and processes in place to monitor and maintain good standards within the service. As a result we rated "well-led" as inadequate. This visit found that improvements to the governance of the service had been made ensuring that people received a well-run service.

We had found that there were shortcomings in the auditing of systems such as care plans, risk assessments and medication records. On this visit, improvements had been made and embedded into care practice. Reviews of care plans were now in place yet it had been identified by the registered provider that care plans needed to be more person-centred. As a result, we were shown a new care planning system based on a computer database which enabled care plans to be person-centred, reviewed and evaluated.

Risk assessments showed evidence of review and had been completed appropriately. This ensured that key information in maintaining the safety of people was not overlooked and as a result people were safe using the service.

Our last visit had found shortcomings in how medication records were completed and that these issues had not been identified during auditing of such records. The registered provider had devised new medication administration records and these were returned to the office when completed for auditing. Records we saw were completed appropriately and there was evidence that these new records were checked by the registered provider to ensure that they were completed appropriately.

We identified at our last visit that effective systems were not always in place for gaining the views of people who used the service enabling them to comment on the support they received. This meant that service user comments could not always be used to drive any improvements identified. Evidence was available on this visit to confirm that surveys were routinely sent to service users twice a year; one sent prior to our last visit and the other one done more recently. Surveys had been returned and were positive about all aspects of the support that the respondents received. People confirmed that they had been asked for their views. Other results of recent surveys were available. This included surveys from staff and other professionals that the service routinely worked with.

Other required improvements identified at our last inspection had been addressed. Recruitment files now contained the information needed to demonstrate effective recruitment of new staff. Improved governance of complaints received and analysis of incidents were now in place.

There was a registered manager in post as well other members of the management team responsible for the co-ordination of support staff. We had discussed with the registered manager at our last visit their role and their legal responsibilities as a provider of a regulated service to submit statutory notifications to CQC. At that time the registered manager had not had systems in place to notify us of significant incidents. This had now been addressed. Our records indicated that notifications were sent to us when significant events had happened and in turn the registered manager kept records to confirm that they had been sent to us.

Regulations require that registered provider of regulated services are transparent in informing people of their most recent rating both within the main office of the service and through their website. This requirement was introduced from 1 April 2015 for registered services. The rating was displayed within the office for people to refer to. At the time of our visit the service's website was being re-developed and was not complete. The registered manager was aware that the most recent rating needed to be placed on display when the website was finalised.

Staff considered the management team to be approachable and supportive. They told us that the team did everything they could to ensure that a good service was provided to people.

The provider information return (PIR) outlined the level of co-operation the service had with other agencies. The registered provider gave us examples of the needs that some people had developed and how they had worked with other agencies as part of a wider package of support. This had included people who were living with mental health issues. In that instance, the registered provider had worked with the local mental health team to best support the individual. This had led to the person becoming more independent in their daily living. The same co-operative work had been carried out with nursing services in supporting a person at the end of their life.