

Copper Connect Care UK Ltd

Copper Connect Care

Inspection report

16 Falkland Park Avenue
London
SE25 6SH

Tel: 07722045805

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Copper Connect Care is a supported living service. The service provides personal care to people living in a supported living service with shared communal facilities and staff on site all time. At the time of the inspection three people were receiving 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.

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

The registered manager did not always notify CQC of significant events, such as allegations of abuse, as required by law. However, this did not pose a significant risk to people because the registered manager did report the events to other relevant authorities. Besides this, the registered manager understood their role and responsibilities, as did staff. The registered manager engaged and consulted well with people using the service and staff. Staff felt well supported by the registered manager.

People received the right support in relation to risks, such as those relating to their mental health or behaviour which challenged the service. There were enough staff to support people safely. The provider checked staff were suitable to work with people through recruitment checks, although some improvements were needed to these as the provider did not always obtain a full employment history for all staff members as required by law. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the registered manager had good oversight of this.

Staff received the training and support they needed to meet people's needs. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff who supported them and developed good relationships with them. People received consistency of care from a small number of staff who knew them well. People were supported to improve their independent living skills and staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was inspected 25 October 2018 but there was insufficient evidence to rate the service. This was the first comprehensive inspection since the service registered with us.

Why we inspected

This inspection was prompted because the service had not received a comprehensive inspection since they registered with us in October 2017. This was because the service had been dormant for some time before and after our inspection in 2018.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Copper Connect Care

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 Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 16 July 2021 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service and staff, and inspection activity ended on 6 August 2021.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any

statutory notifications received. We had not asked the provider to send us a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with the registered manager and we reviewed a range of records. These included care and staff records and records relating to the management of the service.

After the inspection

We spoke with two people using the service about their experiences of the care provided and one support worker. We also received feedback from a Psychiatrist. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was unrated. At this inspection the service was rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them and staff followed a daily process to make one person feel safe in relation to their specific worries.
- Systems were in place to protect people from the risk of abuse including regularly training staff to recognise abuse and take the right action. Staff understood their responsibilities in relation to safeguarding.
- The registered manager reported allegations of abuse to the local authority safeguarding team, in line with the safeguarding policy.

Staffing and recruitment

- There were enough staff to support people safely and the registered manager cared for people directly when needed.
- The registered manager carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. However, two staff files lacked a full employment history which meant recruitment checks could be improved. The registered manager told us they would rectify this going forwards.

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

- The registered manager identified and assessed risks to people, such as those relating to mental health conditions and behaviour which challenged the service, alongside mental health specialists.
- The registered manager put clear guidance in place for staff to follow to reduce the risks and staff understood the risks well. A mental health professional told us staff supported people well and incidents of behaviour which challenged had reduced considerably.
- Staff understood how to respond to accidents and incidents, including how to de-escalate challenging situations and had received training in this. The registered manager understood how to review accidents and incidents and reduce the risk of reoccurrence.

Using medicines safely

- People's medicines were managed safely. The registered manager assessed risks relating to medicines management and put guidance place for staff to follow.
- Only staff who had received suitable training administered medicines to people. The registered manager carried out medicines competency checks on staff to check they retained the right skills and knowledge.
- Staff recorded medicines administration appropriately and the registered manager regularly checked people received their medicines as prescribed.

Preventing and controlling infection

- Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. People told us staff followed safe infection control procedures.
- Staff also received training in food hygiene and people did not raise any concerns about how staff handled their food.
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for staff and people using the service.

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.

At the last inspection this key question was unrated. At this inspection the service was 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 providing care to people the registered manager met with them and reviewed any professional reports to check they could meet their needs.
- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care such as their relatives and mental health team.

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

- People's mental and physical healthcare needs were understood by staff. Staff received training in mental health and read people's care plans which detailed their individual needs. The registered manager worked closely with staff to ensure they met people's needs.
- Staff supported people to see the healthcare professionals they needed to maintain their health including their mental health team and their GPs.
- People received their choice of food and drink. One person told us, "The food is nice" and a second person told us how they went food shopping with staff. Staff told us each person had their own menu plan based in their preferences.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities and received training on key topics such as mental health awareness and behaviour which challenge the service. Each staff member had a personal development plan in place which was kept under review to ensure they received the training they needed.
- Staff received regular supervision with spot checks to check they carried out their responsibilities as expected. Staff told us they felt supported by the registered manager.

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 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 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.

- All people using the service had full capacity in relation to their care. However, the registered manager understood the process to follow to assess people's capacity if needed, and to make decisions in their best interests.
- Staff understood their responsibilities in relation to the MCA and they received training in this.

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

At the last inspection this key question was unrated. At this inspection the service was rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in line with their preferences, such as how they liked to receive their personal care, how they spent their days and their food and drink.
- Each person had a keyworker who spoke with them regularly to find out their views on their care and to check their care met their needs.

Ensuring people are well treated and supported; Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People liked the staff who supported them and staff were kind and caring. A professional told us they would definitely recommend this service to their family and friends as the staff were very friendly, caring and supportive.
- People received consistency of care from staff who knew them well and developed good relationships with them.
- Staff were not rushed and had time to engage with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. These needs were reflected in care planning. For example, one person chose not to follow their religion strictly and staff supported this.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to improve their independent living skills such as their financial management and household chores.
- People's privacy and dignity was respected by staff and staff understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.

Is the service responsive?

Our findings

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

At the last inspection this key question was unrated. At this inspection the service was 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; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- Staff knew people's individual needs and preferences well as they worked closely with them and understood their care plans.
- People's care plans were personalised. They detailed their health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow.
- People were involved in their care plans as the registered manager ensured these reflected people's needs and preferences through talking with them.
- Staff understood some people felt disinterested in activities due to their mental health conditions so they encouraged and supported them to develop their interests. People maintained contact with those who were important to them independently.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were made aware of. People were encouraged to raise any concerns or complaints although no complaints had been received in the past year.
- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care if they needed to provide end of life care.

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.

At the last inspection this key question was unrated. At this inspection the service was rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Understanding quality performance, risks and regulatory requirements

- The registered manager had not always sent us notifications in relation to significant events that had occurred in the service, such as any allegation of abuse. They also failed to ensure all of the required information about staff was on file.
- Although the provider took steps to ensure people's safety by reporting allegations of abuse to the local authority safeguarding team and gathering other evidence staff they employed were suitable, these things are still required by law. The registered manager told us this was an oversight and they had made changes to their systems to ensure compliance with these requirements in future.

Continuous learning and improving care; Managers and staff being clear about their roles

- The registered manager had a system of audits to check people received a good standard of care. These included checks of all care records, supervision and training. However, these audits had not identified the issues we found in relation to recruitment and reporting significant incidents.
- The registered manager was experienced in managing mental health care services. Our discussions and findings showed they understood their role and responsibilities overall, as did staff.
- The registered manager planned to improve the service by providing further training to staff and delegating more responsibility to the team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager communicated well with people using the service, relatives where relevant, and staff about any developments at the service and asked their views through regular meetings and/or phone calls.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People and staff told us the registered manager was open and transparent.
- The provider communicated with external health and social care professionals such as the mental health team, specialist nurses, GPs and occupational therapists to ensure people received the care they needed.