Care2Connect Ltd

Care2Connect

Inspection report

1st Floor, Columbia House
Columbia Drive
Worthing
West Sussex
BN13 3HD

Tel: 08003265522
Website: www.care2connect.co.uk

Date of inspection visit:
14 March 2017

Date of publication:
13 June 2017

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

Care2Connect is a domiciliary care agency, registered with the Care Quality Commission to provide personal care to people in their own homes. At the time of this inspection they were providing a service to 210 people.

At the last inspection carried out in January 2015 the service was rated Good. At this inspection we found the service remained Good.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care and support. The inspection took place on 14 March 2017. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

The service had a registered manager in place. 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 told us they felt safe with staff. Relatives had no concerns about the safety of people. They knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

People and their relatives told us that people were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People and their relatives were aware of how to raise a concern and were confident appropriate action would be taken.

People and their relatives were empowered to contribute to improve the service. They had opportunities to feedback their views about the service and quality of the care they had received.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care2Connect

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 14 March 2017. It was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

As part of the inspection we sought feedback from people who use the service, their relatives, care staff and social care professionals. We received feedback from 17 people who use the service, 25 staff, three relatives and one social care professional. We spoke with the registered manager, the nominated individual and three members of care staff. The expert-by-experience spoke with 14 people and two relatives by telephone to gain their views of the service and care they received.
We looked at care records for four people, policies and procedures, three staff recruitment files, staff training, induction and supervision records, staff rotas, complaints records, incident records, audits and minutes of meetings.

The service was last inspected in January 2015 and there were no concerns.

Good

Is the service safe?

Our findings

All people we spoke with told us that they liked the service. We were told that, "It's a good service," and "They do what I can't do, they are so good and so gentle."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Feedback from staff told us that staff knew what action to take to protect people if they suspected they had been harmed or were at risk of harm. The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. The service followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed. Thorough risk assessments were completed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and included assessments and ways to minimise the risk of people falling. Where risks had been identified these had been assessed and actions were in place to mitigate them. Staff provided support in a way which minimised risk for people whilst maintaining their independence and choice. The service assessed the environment and people's homes for safety as part of the initial assessment, including slip and trip hazards. Other areas assessed for staff safety included risks related to staff lone working and lone travelling. A staff member told us, "I have a personal alarm. The office always know where we are and there is always someone on call."

There were enough staff to meet people's needs. People told us there were sufficient numbers of suitable staff to keep people safe. We were told that there were, "No missed calls," and, "If the normal lady can't come they send a replacement. There is always somebody." We were also told that staff stayed the expected amount of time.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. The provider stated in the PIR that care was also provided to children. However, no children were receiving care at the time of our visit. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service. We saw that staff had not had their suitability to work with children checked, the criminal records checks only related to working with vulnerable adults. The registered manager told us that this was an oversight which would be rectified prior to children being cared for.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Medicines were managed so that people received them safely. All

staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they had been trained and that their training was regularly updated. Medicine administration records (MAR's) that we examined were completed correctly with no gaps or omissions.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained. People felt the care workers had the skills and knowledge required to give the care and support they needed. One person told us, "Everyone I've had recently has been really good." Another said, "I feel very confident with them". Relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. A relative commented, "They are very good."

People were protected because staff had received training in topics related to their roles. Staff training records showed care workers had received induction training when first starting employment with the company. The induction training followed the Skills for Care, Care Certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The induction period also included shadowing shifts and competency assessments to ensure staff were ready to undertake their care duties. The progress of new staff was reviewed on a frequent basis as part of staff supervision.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, health and safety, moving and handling, infection control, medicines, safeguarding adults, and first aid.

The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. Comments from staff included, "It's very supportive. I can go on lots of training. I only have to ask". People and their relatives felt the care workers had the skills and knowledge to give them the care and support they needed. We were told that, "They are a proper professional service". Social care professionals felt the care staff were competent to provide the care and support people needed. Feedback included, 'They have gone out of their way on several occasions to support particularly complex customers'. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff had training in medical conditions which included Parkinson's disease, multiple sclerosis and motor neurone disease.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have, any observations and ways in which staff practice could be improved. The log of supervisions showed that staff had received supervision and further sessions were planned. Other supervision sessions included spot check observations. Spot checks are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. Staff employed for one year or more had received an annual appraisal of their work.

During our visit we saw good communication between all grades of office staff and care staff who were

visiting the office. Feedback received form care staff told us that they felt they were inducted, trained and supervised effectively to perform their duties.

People's rights to make their own decisions, where possible, were protected. Relatives told us that people were involved in decision making about their care and support needs. Care plans incorporated a section for people or their relatives to sign to say they agreed to their care plan. Staff received training in the Mental Capacity Act 2005 (MCA). 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. The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they understood their responsibilities under the act. People told us staff always asked people for their consent before providing care. Comments from people included, "They make sure I'm happy, treating me with respect".

Where providing meals was part of the package of care and / or where there was concern, the daily records included how much people had eaten. Where people were not eating well, staff would highlight that to the registered manager so that professional guidance could be sought. People told us staff prepared the food the way they liked. One person told us, "If I haven't had breakfast or tea they will do it for me, they are very helpful".

People had access to health care relevant to their conditions, including GPs and district nurses. Staff knew people well and referrals for health care were recorded in people's care records. Staff gave examples of changes to people's health that had been referred to people's GPs. For example, action had been taken regarding a persons reduced urine output. Records we saw confirmed this.

Good

Is the service caring?

Our findings

The caring ethos of the service was evident. People received care and support from staff who knew them well. People we spoke with were complimentary about the caring nature of the staff. People told us, "They are excellent" and "I couldn't ask for a better team of girls" Everyone we spoke with thought people were treated with respect and dignity. We were told, "They are very, very caring". Positive, caring relationships had been developed between people and staff. One person said, "I look forward to them coming." Staff had a caring approach and were patient and kind.

People were encouraged to be involved with the care and support they received. Relatives told us that people were included in decisions about their care. A relative told us, "They are very good. They show him respect; speak through what they are going to do. For example, they ask him, are you happy with us doing that [Name]?" Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. A relative told us, "They know what he can and can't do."

People and / or their relatives were involved in the planning of their care. Staff spent time with people to ensure that the plan of care met expectations. A relative told us, "When the lady first came around we were involved [in care planning]". People's needs relating to equality and diversity were assessed at the start of the service. Care plans included instructions to staff on what actions they needed to take to meet people's individual cultural needs. People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their care certificate induction training. All personal records were kept securely in the office, only accessible to authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

We were told, "I'm quite satisfied with everything." The overall impression was of a warm, friendly and safe service where people were happy.

Good

Is the service responsive?

Our findings

People told us that the staff were responsive to people's needs. One person told us, "They are very, very helpful, messages get passed on and I get a call back. I do find them very efficient. Both the office and carers are helpful and caring, even the new ones. It's really nice to have that professional support". Another person told us how there had been, "A couple of carers that I didn't get on with," and "The management had responded." People described the service as responsive. We were told that, "They are very nice to speak to on the phone".

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. People's abilities were kept under review, any changes were noted in the daily records and care plans were updated if indicated.

People's care plans were person centred and based on a full assessment, with information gathered from the person and others who knew them well. Peoples usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. People told us staff knew them well and understood how they liked things done. Staff did things the way people wanted. A staff member told us, "I know people really well. I've built up a good relationship with them. I can focus all my attention on the one person for the call."

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Changes in people's needs or behaviours were reported to the registered manager and written in people's daily notes. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans. This meant people received consistent and co-ordinated care that changed along with their needs. The daily records were completed by staff at the end of their support visit. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information.

A care plan was held within people's own homes. A copy of people's care records were also kept at the office. The records were available to all staff and any updates in people's care needs were communicated to staff by telephone. This ensured that staff were aware of any changes so people received care to meet their needs. Staff told us, "If we need longer, we tell the office and they review it. They can increase the call time if it's needed."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given information about how to make a complaint when they started a package of care. People told us that they were generally happy with the service and had no cause to complain. Comments from people included, "I can see it's a difficult job. They get it right nearly all the

time," and "My concerns were listened to." In the PIR the provider told us that 15 complaints had been received in the last year, all of which had been appropriately investigated and resolved in line with the provider's complaints policy. We saw records to confirm this.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture combined with a dedication to providing the best possible care to people. The registered manager took an obvious pride in the service.

The registered manager was aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager demonstrated good management and leadership throughout the inspection. Staff were positive about the inspection process.

We were told, and records confirmed, that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Annual feedback surveys were given out to people and their relatives. The responses were collated, and a report was compiled summarising people's comments and identifying any areas for action. People's comments were positive. A person told us, "I would give them100%; I've filled in a form recently and said so." The registered manager was committed to providing a service that was tailored to meet people's individual needs.

Quality was important to the service and there were systems in place to drive continuous improvement. Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of medicines. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.