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Care Connect Homecare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This was an announced inspection which took place on 7 and 8 June 2016. The service was previously inspected in November 2013 when it was found to be meeting all the regulations we reviewed at that time. Since that inspection the service had moved to a new address in Bury.

Care Connect Homecare Services is a domiciliary care agency which at the time of our inspection was providing personal care to 128 people who lived in their own homes.

Although the service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission, this person had been absent from work since October 2015. The registered manager was also one of the two business partners who were the registered providers of the service. 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. In the absence of the registered manager their business partner had taken over the running of the service since November 2015.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the recruitment processes in place were not sufficiently robust. In addition systems needed to be improved in order to ensure the safe handling of medicines. You can see what action we have told the provider to take at the back of the full version of the report.

Appropriate action had not always been taken to ensure people who used the service were protected from the risk of unsuitable staff. This was because risk assessments were not always completed in a robust and timely manner when criminal record checks showed that people who had applied to work in the service had previous convictions. This meant people who used the service might not be protected from potential risks.

Although people who used the service told us they always received their medicines as prescribed, we noted medication administration record (MAR) charts were not always full completed to confirm this was the case. Medication audits had not been completed since January 2016. In addition we could not find evidence on some of the staff files we reviewed that assessments had been undertaken to check that staff were able to safely administer medicines.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

People who used the service told us staff did not always arrive on time although they did not consider this had a negative impact on the care they received. They told us staff were always happy to carry out any tasks

requested of them.

Staff told us they received the training and supervision they required to be able to effectively carry out their role. However we found the systems for accurately recording the supervision and training staff had received needed to be improved.

Although records showed only 50% of staff had received training in the Mental Capacity Act (MCA) 2005, all the staff we spoke with demonstrated their understanding of the principles of this legislation. Staff told us how they always respected the rights of people to make their own decisions and to have their preferences respected in relation to the care they received.

Risk assessments for physical health needs and environmental risks helped protect the health and welfare of people who used the service. Arrangements were in place to help ensure the prevention and control of infection.

Where necessary people who used the service received support from staff to ensure their nutritional needs were met. We were told that staff would contact health care professionals such as a person's GP if they had any concerns regarding the person's medical condition.

All the people we spoke with gave positive feedback regarding the kind and caring nature of staff. People who used the service told us they were able to make choices about the care they received and staff enabled them to maintain their independence as much as possible. Staff we spoke with demonstrated a commitment to providing high quality, person centred care.

We saw that people were involved in reviewing the care they received; these reviews were used by senior staff to check that people were happy with their care. We saw that, if they considered a person's needs had changed, managers in the service would request the local authority conduct a review of the commissioned care package to ensure the care people received was appropriate to their level of need.

We noted that there was a complaints procedure in place for people to use if they wanted to raise any concerns about the care and support they received. All the people we spoke with told us they considered their views would be listened to and any complaints taken seriously. None of the people we spoke with during the inspection had any complaints about the service.

There were a number of quality assurance systems in place to help drive forward improvements in the service. Staff told us they enjoyed working in the service and considered they provided a high quality of care. They told us the level of organisation in the service had improved since the provider had taken over the running of the care agency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff had not always been safely recruited.

Systems to ensure the safe handling of medicines needed to be improved.

People told us they had no concerns regarding their safety when staff provided them with care and support.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems to ensure staff received the training and supervision they required to deliver effective care were not sufficiently robust.

Some staff had received training in the Mental Capacity Act 2005. All the staff we spoke with told us how they supported people to make their own decisions and choices.

Where necessary people received the support they required to help ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were always kind and caring. They told us that staff would support them to be as independent as possible.

Staff demonstrated their commitment to providing high quality, person centred care.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained sufficient information to guide staff on the

care people required. People had been involved in reviewing the care they received to ensure it met their needs.

There was a complaints procedure in place to enable people to raise any concerns. People were confident that they would be listened to and action taken to resolve any problems they had. None of the people we spoke with had any complaints about the service.

Is the service well-led?

Good ●

The service was well-led.

The provider had taken over the running of the service in November 2015 due to the long term absence of the registered manager. Staff told us this change had made a positive impact on the organisation of the service.

People were asked their opinions in surveys and during regular contact from senior staff. This gave people the opportunity to say how they wanted their care and support to be provided.

There were systems in place to monitor the quality of care and service provision at this care agency.

Care Connect Homecare Services

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 7 and 8 June 2016 and was announced. In accordance with our guidance we gave the provider 24 hours' notice that we were undertaking this inspection; this was to ensure that the provider and staff were available to answer our questions during the inspection. This announced inspection was carried out by two adult social care inspectors.

Before this inspection we reviewed the completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also contacted the local authority contract monitoring and safeguarding teams as well as the local Healthwatch to request information they held about the service. The contract monitoring team told us the service was currently working on an action plan to help ensure they met the standards required by the local authority.

On 7 June 2016 we visited the registered office and spoke with the provider, the care coordinator, the care manager and six members of care staff. On 8 June 2016 with their permission we visited four people who used the service in their own homes to gather their opinions about the service. In addition we spoke by telephone with a further three people who used the service and three relatives.

We looked at the care records for eight people who used the service and the medication administration record (MAR) charts for four of these people. We also looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance audits, and policies and procedures.

Is the service safe?

Our findings

Prior to our inspection we had received information of concern regarding poor recruitment processes in the service. We therefore looked in detail at the recruitment records for seven staff employed by the service.

We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated, proof of address and identity. Six of the seven personnel files included two employment or character references. One personnel file contained only one reference. A checklist on this file indicated a second reference had been received but had not been placed on the file.

From information we had received prior to the inspection we were aware that concerns had been raised regarding the process for gaining and reviewing criminal record checks when people were employed to work in the service. All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However, it was not clear from the personnel files whether staff had started work in the service before the results of the DBS check had been reviewed by the provider.

We noted that in three cases, prospective staff members had disclosed previous criminal convictions on their application forms. However, we found that risk assessments had not been completed prior to their appointment to decide if they were suitable to work in the agency and what measures needed to be put in place to ensure people who used the service were not put at risk.

The provider acknowledged that recruitment processes had not been sufficiently robust prior to them taking over the running of the agency. They showed us a file which contained the evidence that DBS checks had been redone for all staff and risk assessments completed if these checks showed any convictions. However we saw that the provider had not completed a risk assessment regarding the previous convictions of one member of staff until two months after they commenced employment. In addition, the risk assessment which had been completed was lacking in detail and did not show what steps had been taken to ensure people who used the service were protected from any potential risks.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were supported with the management and administration of their medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. All the people we spoke with told us, where they were responsible for doing so, care staff always administered medicines as prescribed. Comments people made to us included, "They give [my relative] their medicines ok", "Staff always make sure I take my medicines" and "They put my eye drops in if I need them".

Our review of records showed all staff had completed training in the safe handling of medicines. The

provider told us that a competency assessment was completed before staff were given the responsibility of administering medicines without supervision. This process was confirmed by staff we spoke with although we only found documentation to support this on two of the staff files we reviewed. The provider told us that it was likely that the relevant documentation was awaiting filing, although they were unable to show us evidence of this.

We looked at the medication administration record (MAR) charts for four people. We noted there were missing signatures on two of these records; this meant we could not be certain that people had always received their medicines as prescribed. The care manager told us that MAR charts should be checked when they were returned to the office to confirm they had been fully completed. They also told us that monthly medication audits should be completed. However, they acknowledged that, due to recent changes in managers of the service, these processes had not been robustly followed for several months. We noted that the most recent medication audit had been completed in January 2016.

The lack of robust systems in place to help ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had received training in safeguarding adults. Records we looked at confirmed most staff employed in the service had completed this training. On the second day of the inspection an external training provider was delivering a session on safeguarding adults to new staff.

All of the people we spoke with during the inspection told us they had no concerns about the care provided by staff from Care Connect Homecare Service. One person told us, "[Name of staff member] always makes sure I am safe when I have a shower." Another person commented, "I feel safe with all the carers."

Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service, including the provider and out of hours on call manager, to discuss any safeguarding concerns. Staff told us they would feel confident to report any poor practice they observed using the whistle blowing policy. One staff member told us, "We get told about whistleblowing during the induction. We are given the numbers to contact people if we have any concerns."

People who used the service told us staff always remained with them for the correct amount of time. The provider advised us that staff were required to log in and out of all visits to confirm the time they had spent with each person. People also commented that staff were always happy to complete any tasks they requested of them.

Although people told us that they were not always informed if staff were running late or there were changes to the staff supporting them, they did not feel this had a negative impact on the care they received. Two people told us they felt the care they received at weekends was not always as consistently good as during the week; this view was also consistently expressed in the most recent satisfaction survey conducted by the provider. When we discussed this with the provider they told us they were in the process of recruiting additional staff to work at weekends. They told us that they were also introducing a 12 day rolling rota for staff to help improve consistency at weekends.

We reviewed the care records for eight people who used the service. We saw that these records included risk assessments which covered nutrition, moving and handling and environmental risks. We noted that all risk assessments had been regularly reviewed.

We saw that there was always a member of senior staff on call to respond in the case of an emergency. The service also had a business continuity plan in place to advise staff how to respond if there was an emergency at the service; this included how the service would respond in the event of an IT failure or if adverse weather conditions hindered staff's ability to reach people. The provider also had a lone worker policy and risk assessment in place to help protect the safety of staff. We were informed that staff were required to confirm their safety to the on call manager following the completion of their last visit of the day. All staff had also been provided with personal alarms to use should they be concerned about their safety.

Records we reviewed showed that all staff had completed training in infection control. Personal protective equipment (PPE) was available for staff to wear such as disposable gloves and aprons to carry out personal care tasks. This should help to prevent the spread of infection.

Is the service effective?

Our findings

People who used the service told us that they were supported by staff who appeared to have the knowledge and skills to carry out their roles effectively. They told us they considered staff knew them well and fully understood their needs. Comments people made to us included, "They do the job well" and "They know what I want and what I like." A relative also told us, "I have seen carers moving [my relative] and they seem to know what they are doing."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to DoLS.

Our review of training records showed only 50% of staff had received specific training in the MCA. However, all the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care. Comments staff made to us included, "I always ask people for their consent. Most people are able to tell us what they want. If I am not sure I check the care plan and ask people what they want me to do for them", "I have known most people for many years and know what they want me to do" and "I give people options about what they want, for example what clothes they want to wear."

We asked the provider about the arrangements in place to help ensure staff received the induction, training and supervision they required to be able to deliver effective care. We were told that all new staff completed a formal induction programme which included reading policies and procedures as well as completing required training. Our review of records showed that all new staff had completed on line training in infection control, safeguarding adults, health and safety and food hygiene. The learning from this training was assessed by completion of a workbook. We were told that, following their completion of training, new staff undertook several days shadowing more experienced staff before they were allowed to work independently.

We spoke with one member of staff who had recently been appointed to work in the agency. They confirmed that they had completed an induction and that they had found this to be helpful in understanding their role. They commented, "I felt confident to work on my own at the end of the induction. I have never felt that I was unable to do something."

When we reviewed the staff training matrix we noted it showed that some staff had not completed annual refresher training in moving and handling, food hygiene, infection control or first aid. However we noted that a refresher training session which included first aid was being conducted at the registered office on the

second day of our inspection. The provider told us they were confident that most staff had completed required annual training although, due to changes in the management of the service, they had been unable to locate the evidence to show this was the case. The fact that regular training took place was confirmed by the staff members we spoke with. One staff member told us, "We get plenty of training. We do refresher training each year." The provider told us that they were in the process of reviewing the staff training matrix to prioritise the training needed by staff and ensure that the necessary arrangements were made for this training to be provided.

We looked at the policy which set out the supervision arrangements for staff. This stated that there should be a minimum of four sessions per year for each staff member. When we looked at staff personnel files we could not find evidence that staff had always received supervision in line with this policy, although all the staff we spoke with confirmed they received regular supervision from a senior carer.

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone.

All of the care records we reviewed contained a risk assessment in relation to people's nutritional and hydration needs. We conducted the inspection during a period of extremely hot weather. When we spoke with people who used the service they told us staff had ensured that they had access to cold drinks on every visit to help prevent them from becoming dehydrated. One person also commented, "Staff always check if I have something in for my lunch."

People told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health. One relative also commented, "At one stage carers got the doctor for [my family member], although we usually do it ourselves."

Is the service caring?

Our findings

All the people we spoke with provided positive feedback about staff in the service. Comments people made to us included, "Carers are really good. They are very kind to me", "They are extremely kind and friendly" and "[Name of senior carer] is exceptional but they are all very good."

With their permission we visited four people who used the service in their homes. We observed how the staff member who accompanied us interacted with people who used the service. We saw they were relaxed, friendly and respectful in the way they spoke with people. During our visits to the registered office we also observed staff were kind and respectful when responding to people's telephone calls to the service.

Staff we spoke with demonstrated a commitment to providing high quality care, person centred care and to promoting people's independence as much as possible. Comments staff made to us included, "I always ask people if they want to do things for themselves", "I know we offer good care. A family member used to get support from Care Connect and they were very happy." All the staff demonstrated respect for the fact that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. One staff member commented, "We are always there for the service user. We have to follow what they want; it's their rights." Another staff member told us, "We always do what people want to happen in their own home which they have a right to expect."

We saw that people's care records included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office to maintain people's confidentiality.

Is the service responsive?

Our findings

The care records we reviewed showed that when a referral was received a needs assessment and care plan was completed with the person concerned. We saw that people had signed their care plan to indicate their agreement to its contents. The local authority also supplied details about a person's assessed needs where appropriate. This assessment process helped to ensure the service was able to meet people's needs.

The provider and senior staff told us they would not accept a referral from the local authority if they considered they did not have the staff available to meet a person's needs. During the visit to the registered office we observed the care manager advise the provider about the availability of staff to meet the needs of people recently referred by the local authority.

Staff told us that whenever a new referral was accepted by the service the care manager would discuss the care plan with all the staff who would be supporting the person concerned. All the staff we spoke with told us they communicated well as a staff team. They advised us they would not hesitate to report any changes in a person's needs to senior staff and that, if necessary, the local authority was asked to reassess the person concerned to ensure the commissioned package of care was appropriate. Staff told us they would regularly refer to care plans and the communication records kept in people's homes to ensure they were up to date with any changes in a person's needs. One staff member commented, "I inform the office if a person's needs have changed and they sort things out straight away". Another staff member told us, "I always read the care plan straight away to see what people need from me. The managers always keep in touch with us about any changes to the care plan." A relative we spoke with confirmed, "The carers always look at the records."

Care records we reviewed contained sufficient information to guide staff on the care people required. We saw that care plans and risk assessments had been regularly reviewed and updated; this helped to ensure the information was an accurate reflection of people's needs.

We saw that systems were in place to include people who used the service in regular reviews of the care they received. All the people we spoke with who had been using the service for more than six weeks confirmed a review meeting had taken place. We looked at the care records for one person where a review had been conducted with a social worker from the local authority. We saw that the social worker had recorded, "[Name of person] and their family are very happy with the care. The care is being delivered exactly to the care plan."

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We looked at the complaints log and saw evidence that, where a complaint had been received, the provider had conducted an investigation and reported the outcome to the complainant. We noted that, as required under the terms of their contract, the provider had notified the local authority of any complaints received

All the people we spoke with who used the service told us they would be happy to raise any complaints or concerns they might have with care staff or managers in the service. They told us they were sure any

concerns would be listened to and taken seriously. Comments people made to us included, "I complained to the office when the carers came too late and they changed things for me", "I would ring the office but as far as we are concerned things are very good" and "They [staff] do everything I need; I have no complaints."

Is the service well-led?

Our findings

The service had a registered manager in place. They were also one of the two business partners who were the registered providers of the service. However, the registered manager had been absent from work since October 2015. Their business partner had therefore taken over the running of the service since November 2015.

We asked the provider about the key achievements of the service since the last inspection in 2013. They told us they were pleased that they had been able to recruit high quality staff. They told us they were continuing to explore a range of recruitment methods in order to continue this process.

The provider told us their key challenge for the next 12 months was to ensure that they were able to retain the good staff they had appointed. They told us they were also working hard to ensure the service met all the requirements of the action plan put in place by the local authority following their quality monitoring visit.

All the staff we spoke with told us they found the provider to be very supportive. Staff told us they were always able to contact the provider or other managers in the service to discuss any issues they had, including personal matters. One staff member commented, "I always feel able to talk to them; I don't feel judged." Staff we spoke with told us that the provider also attended staff meetings held in the service. They told us they were able to use these meetings to discuss any concerns or make suggestions as to how the service might be improved. They commented that the organisation of the service had improved since the provider had taken over the day to day running of the agency.

We saw that the service had policies and procedures in place to support staff to carry out their roles. A number of quality assurance systems were also in place including regular spot checks to ensure staff were carrying out their role to a high standard. Staff we spoke with told us they appreciated the opportunity to receive feedback on their practice during these spot checks. The provider told us that senior staff regularly reviewed medication administration record (MAR) charts and communication sheets during any visits they made to the homes of people who used the service. This helped to ensure staff were providing safe and effective care.

We were told that senior carers regularly contacted people who used the service to check they were happy with the care and support they received. This was confirmed by people we spoke with during the inspection. One person commented, "[Name of senior carer] is very nice. She rang up a few weeks ago to check everything was going ok and if I needed to change anything." All the people we spoke with told us they would have no hesitation in contacting the registered office if they had any concerns about the care they received and were confident they would be listened to. People told us they would definitely recommend the agency to other people.

People who used the service or their families were given documentation including a Statement of Purpose which explained the service's aims, objectives and structure as well information about the facilities and

services the agency provided. These documents gave people sufficient information to know what they could expect when they used this agency.

The provider had carried out a quality assurance survey with people who used the service in September 2015. We noted there had been a 38% response rate to the survey. The collated responses showed that there was an overall satisfaction rate of 82% with the care people received from the service. Comments people had made included, "Care Connect has provided an excellent service this year" and "Many thanks to my care team. My carers are professional in their approach, friendly and always willing to support me in my care needs. They are understanding, ready to listen to any concerns or worries and always organise my medication safely."

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The provider and other managers in the service were able to tell us what events should be notified and how they would do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have robust systems in place to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment processes in the service were not sufficiently robust to protect people who used the service from the risk of unsuitable staff.