Care Quality Commission

Care Connect UK Limited

Care Connect UK

Inspection report

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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?	Good

Overall summary

The inspection took place on 24 September 2015 and was announced. The provider was given 48 hours' notice. This is in line with our current guidance for inspecting domiciliary care agencies.

Care Connect UK Limited provides personal care and support to approximately 500 people in their own homes in the Sefton area of Merseyside.

The service had a registered manager in post. 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 who used the services of the agency told us they felt safe when receiving care and support. This included support with personal care, help with meals and also with medication.

Summary of findings

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed to protect people from the risk of harm. Assessments had been completed for everyone who was receiving a service to help ensure people's needs were met. Risk management plans were implemented and followed by staff to help ensure people received safe and effective care.

People told us care staff supported them with their medication at a time when they needed to take it. They said this was in accordance with their wishes and needs. Medication was recorded correctly. The medication administration records we viewed were clearly presented to show the treatment people had received. Medicines were safely administered by suitably trained staff.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. We found

Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Care staff had training and support through induction, a programme of training, supervision and appraisal. Staffing levels were determined by the number of people using the service and their individual needs. People told us that they received care from a regular team which they felt was very important. Two relief care staff had been recruited to cover emergencies, sickness, annual leave and to help provide extra support where needed.

People's care needs were assessed. The care records we looked at showed that a range of assessments had been completed depending on people's individual needs. Records were regularly reviewed which helped to ensure the information written in them was current. Support plans had been completed to guide staff as to what people required and what they could do for themselves.

People's care needs were recorded in a plan of care in an individual care file. The care plans recorded details around people's routines, preferences and level of care and support they required. This helped to enable staff to support people to meet their individual needs. With regards to people making their own decisions, people we spoke with informed us they were able to do so and were involved as much as possible regarding decisions about their welfare.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity. Staff understood what people's care needs were. Staff supported people's independence in their home.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide feedback about the quality of the service.

Systems were in place to monitor the quality of the service provided. This included audits (checks) on areas such as, care documents, medicine administration and also meetings with people to ensure they were happy with the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed to protect people from the risk of harm.

People told us care staff supported them with their medication at a time when they needed to take it. Medicines were safely administered and recorded correctly by suitably trained staff.

There were appropriate staffing levels to meet the needs of people who received a service from the agency.

Is the service effective?

Good

The service was effective.

Care staff had training and support through induction, a programme of training, supervision and appraisal.

Care staff supported people who used the service with their meals as required and in accordance with their plan of care.

Is the service caring?

Good

The service was caring.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Staff understood what people's care needs were. Staff supported people's independence in their home and the community.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed. We saw that information recorded in people's person centred plans and risk assessments were regularly reviewed.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide feedback about the quality of the service.

Summary of findings

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor and develop the quality of the service. These included audits of care records and medicines.

Staff we spoke with were positive in respect of the overall management of the agency and the supportive leadership provided by the managers.

Care Connect UK

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 25 September 2015 and was announced. The provider was given 48 hours' notice. This is in line with our current guidance for inspecting domiciliary care agencies.

The inspection team consisted of two adult social care inspectors 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 care service.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted also the commissioners to seek their feedback about the service. We reviewed the feedback received from 18 questionnaires that had been returned by people using the service.

During the inspection we spoke with the registered manager and the deputy manager. We spoke with six staff members on the telephone to discuss their experience working for Care Connect. We reviewed a range of records which included six care records for people who used the service, five staff recruitment records, staff induction, training and supervision, medication records, the provider's policies and procedures, safety and quality audits and records related to the overall management of the service.

After the inspection we spoke with 15 people who received care from the service and five relatives by telephone to gather their views on the service they received.

Good

Is the service safe?

Our findings

Many of the people who used the services of the agency told us they felt safe with their carers, and believed them to be 'thoroughly honest and trustworthy'. People's comments included, "I absolutely feel I can trust them – they are always above board", "I can't fault them – they encourage me to be as independent as I can be. I'd give them three stars." Several people referred to staff shortages, and carers being so busy with long shifts, and a lack of time to spend with people, which made them feel rushed and less safe as a result.

Most of people who had returned a questionnaire told us they received a service from familiar and consistent staff. Some people said they had different carers who visited them. One person who has complex health issues told us, "My regulars would notice if I was not well, but the others wouldn't, and that bothers me, because sometimes I don't realise either." A relative we spoke with felt their family member would be much safer if they had a smaller team of regular carers rather than the many different people who visit her at present. Three of the staff we spoke with told us they had supported the same people for a number of years.

People felt the agency employed a good calibre of staff. One person told us, "'Even the young ones are very, very good – they have lots of common sense, and will ask if I need anything else done."

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm. Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as, hoists to transfer people safely.

A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse.

Medication was administered safely. Medicines were administered by suitably trained staff and recorded correctly. We saw Medication Administration Records (MARS) which evidenced this. Staff we spoke with confirmed they had received training to enable them to do this correctly. A comprehensive medication policy supported staff with aspects of medication administration such as, recording, safe storage, disposal, consent, controlled drugs, covert (hidden) and PRN (as required) medicines.

People told us care staff supported them with their medication at a time when they needed to take it.

We looked at staff recruitment records. We found application forms had been completed and applicants had been required to provide confirmation of their identity. Staff had been recruited to ensure they were suitable to work with vulnerable people. Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. We found that references from staff's previous employers had been requested and received.

There were appropriate staffing levels to meet the needs of people who received a service from the agency. The agency was required to provide staff within 24 hours of receiving a referral. This was in line with the local authority's contractual agreement. To support this, the agency employed assistant supervisors who provided support to people in the first instance. We were told by the registered manager that these staff were more experienced carers trained to administer medication. Training records we saw supported this.

Most people we spoke with told us the visits to them by the care staff were on time and staff always stayed for the full hour. Eight people told us that staff do not always stay for the allotted time required for their care, as, "They always seem so rushed, and eager to get onto the next person on their list." They told us that this made them feel uncomfortable and guilty if they needed extra care on a particular day. We asked one person if they ever felt rushed by the carers; they said, "Yes I do. I get fed-up with it. They are in and out as quick as possible, because they get no travelling time, so they've got to rush. We spoke with the registered manager about these concerns. They said the local authority determines the amount of time the staff have to spend with people. They said they often find that a person needs more support than initially indicated. The agency does not determine the time allocated to support people and the tasks to be carried out. The registered manager said that people may perceive this as staff 'rushing' but the staff try to get everything done for the

Good

Is the service safe?

person in the time allocated for the visit. If staff report a change in people's needs and they feel a person needs more time to support them, the agency then contacts the local authority for a review of people's assessed needs.

The registered manager told us that staff who do not travel to visits by car receive travel time and that visits are usually kept within a specific location to make it easier for staff to get to on time. The registered manager told us they planned to 'split' the area they covered to support people. This meant the teams of staff would visit people living closer to each other, to cut down on travelling time.

Good

Is the service effective?

Our findings

Most people we spoke with said their carers were well-trained, and competent to provide their care in a professional manner.

Care staff had training and support through induction, a programme of training, supervision and appraisal.

We saw that staff who had recently started work with Care Connect were completing the Care Certificate as part of their induction. The Care Certificate was introduced in April 2015 to enable consistency in the preparation of healthcare assistants and social care support workers for their roles within care settings. It sets out the learning outcomes, competences and standards of behaviour that must be expected of care staff ensuring that staff are caring and compassionate and provide quality care. Learning topics include duty of care, equality and diversity, working in a person centred way, communication, privacy and dignity, nutrition, dementia and cognitive issues, safeguarding adults, basic life support, health and safety, handling information, and infection prevention and control. We spoke with one staff member who confirmed they had undertaken this induction when they started in their role. The induction period also included a minimum of 20 hours shadowing an experienced care worker shift for staff new to care and an observation/competence check. New staff met each week with their supervisor and met for a formal supervision meeting after four to six weeks in their role with the agency. The agency had an 'induction checklist' document, to show where people were up to in their induction and what they still had to complete. We found this document was not used by the manager, although they knew what staff had done. We spoke with the manager about this during the inspection and they agreed they would use this document to assist them.

Staff received a programme of mandatory (required) training. We saw the training matrix which was a record of all completed training. We found that staff were up to date with all mandatory training courses, which included moving and people handling, food hygiene, safeguarding vulnerable adults, first aid, health and safety, fire awareness, medication, infection control, dementia awareness, handling information and recording and reporting.

Staff also received training relating to the people they supported, such as convene and stoma care. We asked staff about their training and they all confirmed that they received plenty of training. This helped to ensure that staff had the skills and knowledge they needed to meet people's needs. However one person we spoke with told us the staff who visited them did not have any knowledge of their long term condition. We reported this information to the registered manager and requested the designated staff receive some additional training to support them.

Staff we spoke with told us they received supervision and support. The registered manager informed us they held supervision regularly with staff. We found this was in accordance with the provider's supervision policy. Staff we spoke with confirmed this. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. Staff received an appraisal. We saw evidence of this in the employee files we looked at. In addition staff were observed twice a year and supervisors carried out additional spot checks to help assure them that care staff were providing a quality and safe service to people they supported. Written records were kept of all observations and spot checks.

We saw that people who received a service had signed consent forms, for staff to support them with their medication. This meant that an agreement was in place and that people understood what staff's responsibility was with regard to the administration of their medication. People had also given their consent to share the information recorded in their care plans, if it was necessary to. This helped to ensure that any boundaries to information sharing were agreed.

Most people we spoke with told me that they were responsible for their own meals and medication.

Good

Is the service caring?

Our findings

People who used the services of the agency were complimentary regarding staff; they told us their care staff treated them with respect and compassion at all times; understanding their needs, and often 'going the extra mile' for them. One person told us that they appreciated the fact that her carers would notice if a job needs doing about the house, and would ask them if they can help. They said, "They'll change the bed when it's needed, or empty the bins; they'd also make sure they had my 'careline pendant' on before they left." Another person told us they were grateful that staff took the time to make sure they had both her hearing aids in, "Even though sometimes one goes missing, they'll keep looking until they find it."

A number of people told us that, although their carers were not responsible for giving them their medication, they would check with them to ensure they had taken it.

We asked people who received a service if staff maintained their privacy and dignity when supporting them with personal care. Each person who returned a questionnaire told us that their staff treated them with dignity and respect.

Staff spoke positively about their job. We spoke with staff about the people they supported. They showed an understanding of their support needs. Staff told us the information recorded in the care records also helped them understand what support people required.

We saw that when carrying out an assessment Care Connect staff asked people if they would like to be referred for an advocate. This would be if they did not have any family or friends to support and represent their views and wishes. An advocate would be independent and impartial and support the wishes of the person themselves. This practice helped to ensure that people had someone to support them, when receiving a service from the agency and to act on their behalf should their needs change.

If a person's needs changed or if they noticed a person was unwell, care staff told us they would record this in the daily record and call a doctor if this was needed. One staff member we spoke with gave us examples of when they had called a person's GP which resulted in the person receiving medical attention.

Good

Is the service responsive?

Our findings

People told us the agency responded to their needs in a positive way. A relative told us that "The carers will always notice if [person] is having a bad day health wise, and will alter the care accordingly. Sometimes they won't make them get up in the morning if they're feeling bad; they'll leave a note for the lunchtime carer who'll try getting them up then. It's very flexible which is what we need."

People told us the service they received was reviewed but felt this consisted of simply re-assessing their care needs, and they did not feel they were given the opportunity to comment on the quality of the service. However we saw that people who used the services of the agency were able to provide feedback about the quality of the service when the registered manager visited them in their home. Questionnaires were sent out each year. We saw that the registered manager signed each questionnaire and they confirmed they read them and took note of any complaints.

We asked people if they received a service from familiar and consistent staff. 89% of people who had returned a questionnaire told us they did. 50% of people said they were not always introduced to care staff before they provided care and support to them. We discussed this with the registered manager. They told us that because each service had to start within 24 hours of receiving a referral it was not always possible for the care staff to visit and for introductions to be carried out. They said that once the service had started people received visits from familiar staff. Three of the staff we spoke with told us they had supported the same people for a number of years.

People's care needs were assessed. People's care needs were recorded in a plan of care. Care plans included information about the assistance people required with personal care, medication and making meals. We saw that information recorded in people's care plans and risk assessments had been regularly reviewed. The manager told us how a person's care plan was developed and this included the initial assessment with the person and/or with relatives and other health and social care professionals if required.

Staff used daily log records which were completed in people's homes to demonstrate what support had been provided.

The managers informed staff of changes in people's needs and circumstances by sending text messages and /or phone calls. Staff we spoke with confirmed this process. They said they would ring the office for any other information they required. All of the staff we spoke with said they read the care plan in people's homes to find out the support they required.

We looked at a range of care documents in six people's care files. This included a care needs assessment and plan of care in accordance with people's individual needs. Care plans recorded a lot of detail to ensure people's support was tailored to their individual choice and preferences. This included a comprehensive account of people's day time and evening routines and how staff were to support people within this routine. Information recorded included people's likes and dislikes in relation to personal care, what they were able to do for themselves and a nutrition assessment. A personal profile had been completed for each person who received a service which gave staff information about the person, their past and their family life, to help get to know them.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service in the company handbook. The main complaint of the people we spoke with was that they felt the support they received was rushed because staff did not have the time to spend with them.

Care staff told us they would have no hesitation speaking with the manager if they wished to raise a complaint or to raise a complaint on behalf of a person they supported. They said the manager would deal with it immediately.

Good

Is the service well-led?

Our findings

We asked the staff to tell us about the management of the agency and if it was well led. All staff we spoke with were positive in respect of the overall management of the agency and the caring, supportive and efficient leadership of the management team. Their comments included, "The culture within Care Connect is positive and my experience is that the culture is to support people", " If I make suggestions for improvements to management I feel listened to and management take things on board", "The management are well led and organised", "The culture within Care Connect is supportive and very good at providing you with information", "There is a post box in the office where staff can anonymously post messages they wish management to be aware of", "The Care Connect managers are good listeners" and "Care Connect is well led by (the management)".

Care staff reported that everyone worked as a team.

There was a registered manager in post. The registered manager was supported by a deputy to oversee the management of the agency. There was a well organised and structured administration support team, as well as assistant supervisory staff who worked in the community and supervised care staff.

The agency had a contract with the local authority to provide services in a specific geographical area. The agency supported approximately 500 people in the Sefton area. They were required to provide a service in someone's home within 24 hours of receiving the referral. The provider had a staff structure in place to ensure this was done and people were supported safely, in a timely way.

The registered manager was driven to provide a quality and personalised service. This meant that people who used the service received the care and support when they needed it. The registered manager described the staffing structure of the organisation. There were office based care supervisors who took the initial referral and carried out the initial assessment and information gathering in order that a service could be started and a person supported correctly. They then matched up suitable staff to provide the service. A team of six assistant supervisor staff worked in the community. They initially supported new referrals as well as visiting people who received a service and observing staff to ensure they were providing a quality and safe service. People who received a service had the opportunity to discuss any issues with the supervisors. This helped to ensure supervisors met with people and their relatives on a regular basis to ensure that people were satisfied with the care provided. Two 'assessment and reviewing' supervisors completed comprehensive assessments and reviewed care plans and risk assessments when people's needs had changed.

The registered manager and the deputy manager described the challenges for the service including providing the service within 24 hours as well as being reliable.

Checks were regularly carried out by the care supervisors to make sure care staff were working in accordance with people's plan of care and were still supporting people safely with their medicines and when using any equipment. This helped to ensure staff were carrying out their role safely and correctly. We saw that the registered manager had signed each check to indicate they had read it.

Systems were in place to monitor and develop the quality of the service. A number of audits were carried out regularly: these included care records, medicine administration records, missed calls, log book records. We saw that each audit had an accompanying action plan to address issues that had been raised. We saw that managers had highlighted negative staff interventions and initiated additional training for staff where appropriate. We also noted that the registered manager had noted positive staff intervention.

The registered manager regularly held a number of staff meetings with different staff groups within the agency. For example they had monthly meetings with the assistant supervisors, assessment and reviewing supervisors and office based supervisors. We saw that meetings were held in July 2015 for care staff.

'Governance' meetings were held each month for the management team. We saw the agenda included items such as the concerns raised from the audits, complaints, staffing issues, training and recruitment.

The agency had system in place to gather the views and opinions about the service from the people who received the service or their relatives. Questionnaires were sent out each year The agency had policies and procedures in place to promote safe working and 'best practice'. All polices had been reviewed in 2015, to ensure they contained accurate information.