

Connie's Care Services Ltd

# Connie's Care Services Ltd

## Inspection report

57 Church Drove  
Outwell  
Wisbech  
Cambridgeshire  
PE14 8RH

Tel: 01945774250

Date of inspection visit:  
19 April 2016

Date of publication:  
28 June 2016

## 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

The inspection took place on 19, 26 and 28 April 2016 and was an announced inspection.

The service was registered to provide personal care to people living in their own homes and there were 17 people accessing the service which meant a delivery at that time of 268 hours per week.

There was a registered manager for this service, who was available every day. 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 felt safe using the service. Staff were trained in adult safeguarding procedures and could identify what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet people's needs, the registered manager had followed safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered manager understood that there should be processes in place for ensuring decisions were made in people's best interests. However the registered manager did acknowledge that they required further training in this area and would be undertaking it soon.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and had positive working relationships with people.

Care provided was individualised according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and supported people to make positive changes to their care plans.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

## 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 knew how to recognise and report abuse and had received safeguarding training.

The service had sufficient staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk.

Medicines were managed appropriately.

### Is the service effective?

Good 

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

The service had policies in place for the Mental Capacity Act 2005. Staff sought consent and recorded this.

### Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and dignity. They took time when delivering care and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

People knew how to express their concerns and feedback was encouraged.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

# Connie's Care Services Ltd

## **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 visit took place on 19 April 2016 and was announced. Telephone interviews were carried out on 26 and 28 April 2016 with people that use the service. The inspection was completed by a single 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 care service.

The provider had submitted some information for the 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 reviewed this alongside the notifications that had been sent to us, as is required by law. We also contacted social care professionals within the county for their views.

We spoke with five people that used the service and eight relatives of people who used the service. We spoke with the registered manager, two deputy managers, one senior care worker and three care staff.

We reviewed the care records of four people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

# Is the service safe?

## Our findings

People who used the service told us they felt safe when they received personal care. People told us staff understood their needs, with one person saying, "If my carer wasn't here I really wouldn't feel safe having a bath". People confirmed that they always knew the person that carried out their personal care.

Staff had knowledge of how to protect people from harm using the service and felt confident that they could inform the registered manager of any concerns. Staff were able to explain the process to us. The registered manager told us and staff confirmed that they received relevant training and we saw records to this effect. The registered manager confirmed that they had knowledge of local authority processes to protect people and how to report concerns.

The registered manager told us that there were people whose behaviour was sometimes viewed as challenging by others; staff confirmed they knew what to do in these situations and how to report incidents to the office. We saw these records and the systems that were in place to reduce the risks to people.

Staff supported people to maintain their independence whilst effectively managing the risk. One person told us, "I don't really enjoy being hoisted, but I did say to my carers when they started, that if they could just take their time and bear with me whilst I get adjusted before they lift me, I would be grateful. I have to say they make me feel very safe". We saw that the person's records and risk assessments reflected this. Equipment that was used in people's homes was documented and staff and the registered manager knew when it was due to be serviced.

Staff confirmed the process they would follow if they arrived and someone had fallen. For those people that were at a higher risk of falling, there were risk assessments in place which included guidance for staff.

The registered manager told us, and care records confirmed that if there was a risk to delivery of the service, for instance bad weather, processes for delivering care to individuals was based upon individual risk. These risks had been identified by staff who had received risk assessment training.

People using the service told us, "My carers are never really either too early or too late" and people and relatives said that missed calls were rare. In one instance a call had been missed but the person using the service was satisfied with the reason why it had happened and stated it had never happened again.

The registered manager confirmed that they used a dependency tool to determine staffing levels, and we saw this was consistent with current staff rotas. The registered manager and the deputy manager also delivered care as and when required. People confirmed to us that there were enough staff.

The service had systems in place to ensure they checked if staff had the appropriate skills and qualifications to care for people before offering them employment. For example, we saw people had completed application forms and the manager had completed structured interviews.

The required checks had been completed to ensure that staff were safe to work with people who used the service. We saw that the manager discussed any issues with prospective staff and only employed staff who were safe to work with people. The manager took additional actions to check, where necessary, that staff were suitable for the role.

No one currently using the service had medicines administered by staff. Some people had prompts from staff when they had their visit. Staff confirmed they checked the medicines when prompting and recorded that the prompt had been given. If staff noticed gaps in these records they knew who to contact and felt confident to do so.

# Is the service effective?

## Our findings

People who used the service spoke positively about the competence of staff and expressed confidence at having their needs met. One person told us, "I don't have any issues with the training; they help me in and out of the bath and tidy up the bathroom and the bedroom when we are done".

The registered manager showed us their records for staff training and a timetable for renewal for each staff member. Staff confirmed to us that they received the relevant training and felt they could ask for any additional training at any time. For example the registered manager told us, and staff confirmed that they had received moving and handling training to support with their roles. This meant staff had access to effective training so they could undertake their caring roles. We saw that staff had the opportunity to undertake further qualifications such as the care certificate. Staff told us about the induction that they received when they started with the service. This induction included shadowing more experienced staff and observations, and staff had a mentor as part of the care certificate. Staff told us that this was a good system as they felt more supported in their roles and if they needed any additional information, they could easily access it.

The registered manager told us that they measured staff competency in a number of ways, and this included observations; spot checks and formal one to one meetings with care staff. These records were included in staff files that we saw and they highlighted outcomes for staff to work towards. In one example we saw that one staff member needed some support in one area in particular and steps had been put in place by the service to support these and allow them to continue carrying out the role. Staff confirmed to us that they received regular one to one meetings with the registered manager.

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.

No one currently using the service was deprived of their liberty under the MCA and could make their own decisions regarding their care, for example one person told us, "I'm quite fussy and I like things to be done in a certain way. My carers are all very good and they make sure that they do things the way I like them to be done".

The registered manager and staff understood the Mental Capacity Act and what it meant, however they had not undertaken any formal training at the time of our visit. The registered manager confirmed this was something they were intending to do.



Staff told us that they supported people to maintain a healthy and varied diet. People using the service confirmed this to us, "My carer will usually help me make some lunch and she will always ask me what it is I would like in my sandwich before she makes it. I'm not really very fussy and sometimes I'll just tell her to use anything that is in the fridge, but I like the fact that she asks me first, even though she knows I am happy to have anything".

Staff confirmed to us that they reminded people what they had for lunch or dinner the day before to encourage a varied choice of foods, and food charts were used to record this, where appropriate. We saw in care records we reviewed this was the case. Staff had access to additional information regarding diabetes, to prompt different food choices to support with healthy eating. Staff confirmed that if a person changed their mind for a food choice at the last minute they were happy to make something else.

The registered manager told us that no one was at risk of poor nutrition or dehydration and staff confirmed the importance of ensuring people were left with drinks. The registered manager said that care records did not currently show in daily notes if a person had a drink. They said that improvements would be made to recording this more in future so all staff knew that someone had access to drinks throughout the day.

Staff told us they felt confident that they knew what healthcare professionals to call if they needed to. We saw in people's care records when staff had contacted other services for medical help. Most people using the service had someone who would do this outside of care visits and therefore not all care staff undertook tasks such as this.

# Is the service caring?

## Our findings

People using the service told us that they were happy with the care that was provided by staff. One person told us, "All the carers at the agency are lovely and I think I've met them all over the time that I've been with the agency and I never mind who comes to me. They are like family now" and another person told us, "I'm just happy with everything they do". A relative told us, "I really cannot fault the care they give to [relative] and in fact I don't know what they would do without them now".

People told us that their calls were usually on time with one person saying, "My carer is usually on time and it's not often that they are running late at all". Another person told us, "My carer usually arrives on time or thereabouts, if they are running late, someone from the office will call me". The registered manager confirmed to us that this was the process, and said that it was to ensure that they person did not worry that their call had been missed. We saw evidence that the service took steps to ensure that key codes were kept securely and codes were regularly changed, to keep people safe. Care records also detailed whether or not staff were to knock before entering, or wait to be invited. This meant people who used the service had their privacy maintained and retained independence where they could.

People that used the service confirmed to us that they were involved in the planning of their care and one person told us, "[The registered manager] visited me and gave me some leaflets about the service and how it operates. We chatted about what I needed help with and then she took the information away and turned it into, I think, they call it a care plan, which sits in my folder". People confirmed that their visit times were when they wanted them, one person told us, "I wanted to make sure that I would be able to have the visits when I wanted them and [the registered manager] was very good and said they would be able to provide that for me, I have to say they haven't let me down since". Another person told us, "My care plan was put together by [the registered manager] when they came to visit me before my care started. We chatted about what it was I needed help with and then they put the care plan together for me to look at. When they come to review we have a chance to look at it and see if there are any changed needed to be made". This showed us that the registered manager was committed to involving people and their families with their care and ensuring it was up-to-date and continued to meet their changing needs.

Staff told us that it was important to get to know the people they worked with. One staff member explained to us about one person's specific communication needs and how it was important to them to understand what that person's wishes were.

Staff explained how they felt that getting to know someone helped them to make conversation with the people they cared for. People told us that staff never talked about other people using the service. One person told us, "I've never heard my carer talk about anybody else that they go to, we are usually too busy having a good old gossip about what's going on in the world to talk about anybody else that they might be looking after". This showed that staff respected the people that they cared for, and did not discuss people's requirements outside of their home.

Staff could tell us what the principals of good care were and that they should reassure people and ask the

person before they carried out any tasks. Staff told us that they felt it was important for people to make their own decisions about the care they received and gave an example of one person who sometimes liked to carry out specific tasks. This was achieved by the staff member offering a specific object to the person and if they felt like carrying out the task they would, if not they would refuse the object. This was detailed in the person's care record and in the daily notes.

People using the service told us that they felt their dignity and respect were maintained, with a person telling us, "Now the days are getting a bit longer my carer will usually come in the evening and the first thing she does is close the curtains in the bedroom so that we are not overlooked by anybody".

Staff confirmed how they maintained people's privacy and would shut the door and curtains before delivering care. One staff member told us that they treated the people using the service how they would like to be treated themselves.

We saw in daily records that details of tasks were recorded by staff and signed by the people using the service. We found some of the language to be quite clinical and not specific to the person; the registered manager explained to us that this had been suggested to them as a way to record this information. The registered manager explained that in future they would look to develop a more person centred approach to daily records.

## Is the service responsive?

### Our findings

We reviewed the care records of four people that used the service. Records were concise and showed the care that people required. The registered manager told us that they visited the person to undertake care planning, and staff confirmed whilst we were on the visit that they had been to review a person's care needs that morning. Care plans and risk assessments were reviewed every three months. Care records we reviewed reflected this and included daily plans that staff followed. Staff told us that they could make suggestions at any time to better support people using the service. One staff member explained they had supported a person with making a positive change. A person found eating difficult; the staff member described different softer foods to the person which they tried and liked. This meant the person still had choice over their foods and could still enjoy them too.

A staff member told us that they had reviewed a care record where the person had a specific musical interest. The person had thought that during visits they would not be able to pursue this interest which made them anxious. Staff reassured them that this interest was important to them and this was their home and therefore could undertake it at the same time. Additionally after this discussion it was discovered that a staff member shared the same interest and they were now a carer for this person. This meant that the person using the service could enjoy a hobby whilst receiving a service making it more centred around them and their needs. The registered manager also told us that personality clashes could occur between staff and people who used the service. In this instance the registered manager would speak to the person and find alternative care arrangement, based upon their wishes.

Staff told us it was important to know the person that they cared for, and in discussion with them we saw that they knew people's individual needs and preferences well. Care records showed pen pictures for people using the service and we noted that prompting conversation was regularly included.

The registered manager told us that a satisfaction survey was sent regularly to people using the service and we saw evidence of a recent survey. We reviewed the survey feedback and this included very positive comments about the registered manager and the staff. Compliments were also included from people and relatives, one relative had put, "I cannot thank you enough for the care you gave to me and my [relative], you made a real difference to our lives". People told us that, "[The registered manager] has asked me about how I find everything and I have told her I am very happy with the service", where another person told us, "Apart from when I have had a meeting with [the registered manager], I can't think of any other occasion when I have been asked my opinion about the service."

People and relatives told us that they knew how to make a complaint. One relative told us, "I've never had to make a complaint about how they look after my [relative]. But I am certain if I did, it would be sorted out quickly. I think I would phone [the registered manager] and talk through any problems we had to start with". The service had one complaint recorded in the last 12 months. This was consistent with feedback we saw in the satisfaction survey that had a complaints section. The registered manager explained the process that they had carried out and the resolution. There had been no further incidents and the satisfaction survey reflected that this complaint was dealt with in an appropriate manner.

Staff told us that the people using the service would either speak to them directly if they had a concern and they would inform their senior. Staff confirmed that people would call the office if they felt they could not speak to the carer. The complaints process was outlined to both people using the service in the statement of purpose and to staff in the employee guide.

## Is the service well-led?

### Our findings

People using the service told us that they could talk to the registered manager and staff at any time. One person told us, "I love the hands on approach that [the registered manager] and their deputy take with the agency...I know I only have to pick up the phone and I can have a chat with either of them if I need to". Another person told us, "[The registered manager] will often answer the phone themselves when you phone the office and I like the fact that they know me without me having to tell them my name".

Staff told us they knew who to contact if they themselves had concerns about the service and said that they felt listened to by the registered manager. One staff member gave an example of something they had raised that could be done differently and this was adopted. Staff could identify their roles with the core values of the service and this was reflected in team meeting minutes and supervision records.

The registered manager told us that the staff could arrive or call the office whenever they needed support. Staff confirmed this to be the case, saying that the manager was always there and one staff member, though new to care, they felt listened to and enjoyed the job. The registered manager told us and staff confirmed they knew who to contact outside of working hours if they needed assistance.

We saw evidence in staff files that showed when such discussion had been undertaken. These records were signed by both the registered manager and the staff member. Staff observation records showed on-going personal development in appraisals and observations were signed and acknowledged by staff, these included the staff member's strengths and weaknesses, which meant staff had something to work towards.

One person told us, "I don't get a rota every week, but because I see the same regular carers they will usually tell me who will be coming next so that I know before I answer the door". The registered manager told us and staff confirmed that staff received a rota each week, however they could check the boards at the office at any time, as the deputy liked to have planning available for the coming four weeks.

The registered manager told us that the service operated a lone working process during periods of bad weather or when there were issues, they would contact staff to ensure they had finished and were at home. Staff confirmed this to be the case. Additionally the registered manager could explain the plans for bad weather and how they prioritised care in those instances.

The registered manager told us of the audits that they carried out in terms of quality of care. These included spot checks on daily records and spot observations on staff and we saw evidence of this in people's care records and in staff files. The registered manager had a toolkit that was based on a mock CQC inspection and supported them with how they structured the office. The registered manager had a good understanding of what the key challenges would be in the future, and explained the process in detail of how to manage this going forward, and ensure continuity of the service.

The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.

The service produced a weekly branch report which looked at the previous week and identified key issues and good practices. This report included what action would be taken to address any concerns and would be followed up in the following weeks report. This meant that the registered manager had a brief overview on the service provision and where the areas of weaknesses were.

The majority of people told us that the care was mostly on time and that they had not experienced a missed call. However one person did tell us, "I've only ever had one missed call and when I phoned the agency to find out what had happened, we discovered that there was a misunderstanding between my carer and the office as to which was her day off that week, [the registered manager] was very apologetic and it has never happened again". The registered manager confirmed to us the process that they undertook in this situation and this was consistent with what the person told us. The registered manager told us that they took missed calls seriously and this was something that was monitored in the satisfaction survey and with spot checks. This meant that the registered manager maintained the reliability of the service and ensure people were not likely to experience a missed care visit.