

CityCare Connect Limited

Connect House

Inspection report

Riber Crescent
Basford
Nottingham
NG5 1LP
Tel: 01159245467

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected the service on 28 May 2015. This inspection was unannounced and was the first time we had inspected since the service was registered with us in November 2014.

Connect House is registered to provide short term assessment and rehabilitation for up to 28 older people who have been in hospital or living at home for example after a period of ill health or recovering from surgery. The service provides support and assessment for a few weeks until people's level of independence is established.

The service is set in a large, light spacious modern building with car parking and an enclosed garden which is used by people who stay there. As the service was still developing there were a number of refurbishments ongoing and all of the building was not yet open. When we visited there were 14 people using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were not fully involved in the planning of their care and were not supported to have their say about the quality of the service. There were some quality assurance systems in place, but these did not cover all areas of the service so quality in these areas could not be assured.

People were protected from harm by staff who understood how to reduce risks and how to report and deal with any incidents. There were enough staff and they were trained to support people in the service.

People's medicines were not always managed safely and improvements were still being established.

People were encouraged and supported to make their own decisions and to regain as much independence as possible. People enjoyed a healthy diet and had plenty to eat and drink.

People's interests and activities were not always supported on a regular basis and people were not always sure how to give feedback or raise concerns with the provider.

People were treated by staff who knew them well with kindness and respect and relationships with family and friends were supported well.

You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

People's medicines were not always managed safely.

People were supported for by staff who were suitable to provide their care and knew how to protect people from harm.

People were safe as there were enough staff to meet their needs.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who understood their roles and responsibilities.

People were encouraged and supported to make their own decisions.

People enjoyed a healthy diet and had plenty to eat and drink.

Good



Is the service caring?

The service was caring.

People were treated kindly and with respect.

People's wellbeing was supported by staff.

People's right to be independent as possible was actively encouraged and supported.

Good



Is the service responsive?

The service was not always responsive.

People were not fully involved in the planning of their care and were not encouraged to follow their interests and activities on a regular basis.

People did not always know how to complain and give feedback about the service.

Requires improvement



Is the service well-led?

The service was not always well led.

People who used the service and staff were not consistently supported and encouraged to have their say in how the home was run.

There were not effective systems in place to monitor the quality of the service.

There was a pleasant atmosphere in the home and the manager was approachable.

Requires improvement



Connect House

Detailed findings

Background to this inspection

We carried out this unannounced 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.

The inspection took place on 28 May 2015 and was unannounced. The inspection team consisted of one inspector and one 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.

Prior to our inspection we reviewed information we held about the service. This information was received from

commissioners (who fund the care for some people) and statutory notifications. A notification is information about important events and the provider is required to send us this by law.

During the inspection we spoke with six people who were living at the service and four people who were visiting their relations. We spoke with five members of staff and the manager and three staff who work for the provider. We also spoke with two health care professionals who work closely with the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people who used the service. We looked at medicines and training records as well as a range of records relating to the running of the service, which included audits carried out by the manager and the provider.

Is the service safe?

Our findings

People's medicines were not consistently well managed.

We contacted external health organisations before we visited and saw that there had been some shortfalls identified in the way that medicines were managed.

The manager told us that they needed to improve the way medicines were managed. They told us there had been several errors and we saw that these were investigated and changes made to prevent them happening again. Guidance from external health organisations was being followed for instance in the way medicines were stored, recorded and given. We saw that changes had been made, for example in the way medicines were stored.

One person said "Oh yes, I take my own medicines. I always did at home," and showed us the locked cupboard where the medicines were kept in their bedroom. People were assessed when they first came to the service to see if they preferred to manage their own medicines and given support if they needed it.

People said they had their medicines when they needed them. We observed staff giving people their medicines, for instance one person who had difficulties in swallowing was supported and checked by the staff member before they left them. We saw that recent changes in the way staff were trained and checked in giving medicines had been introduced to ensure people received their medicines safely. However it was too early to tell whether the changes had made any improvements yet.

People told us they felt safe because they had staff to support them and they weren't on their own. People were confident staff would treat them well and that they could talk to them if they had a concern about their care.

Staff said they understood what abuse was and how to keep people safe. They told us about training they had received to ensure they knew how to protect people and what to do if they thought people were at risk of harm. We saw training was provided and there was guidance and support from the manager and the provider for all staff, for example the new starter's induction included information on safeguarding. We checked and saw that the manager had referred safeguarding incidents to the correct authorities and actions were put into place to protect people from risk of harm.

Risks were assessed when people were admitted to the service and were monitored throughout their stay. Staff told us that they received assessments from external health professionals before people came to stay in the service. They told us it was really important to make sure that all the information was correct. We saw an assessment that had been checked by staff and additional information taken so staff knew exactly what support the person would need when they arrived. For example people who were at high risk of falling had equipment and the bedroom arranged to reduce risks. We observed equipment had been put in place for people, such as a walking frame and an alarm so that the person could call for help quickly.

People's risks were reviewed to ensure that people were safe. Care staff told us that the therapy team based with them provided specialist assessments and advice to ensure risks were balanced with the need to promote people's independence. Staff told us assessments were recorded on a separate system but this information was shared and used to ensure care staff were aware of any changes in the way care should be given for people. We saw that basic information was in the records for care staff to use and that regular meetings were held to ensure more detailed information was handed over from therapy to care staff.

There were enough staff to support people. People told us staff responded very quickly, for instance when they pressed their buzzer to ask staff assistance. A relative said "It's the first time [family member] had been able to sleep well in ages." They said that this was because there were plenty of staff during the day and night to check on them and respond when needed. We saw that there were sufficient staff to support people during our visit and records showed rotas were arranged to ensure there were enough staff to meet people's individual needs.

People were supported by staff who had the right skills and were suitable to work in the service. One person said, "You couldn't find better care." Staff told us that before starting work they were checked using references and a pre-employment screening procedure, including the Disclosure and Barring Service (DBS). The manager told us if they found that staff were unsuitable for any reason there were procedures to resolve the issue to ensure people's care was safe. We saw there were systems in place written by the provider and that these were used to ensure people were supported by staff who were suitable to work with people.

Is the service effective?

Our findings

People told us they were looked after really well. One person said, “The staff are excellent, can’t fault them.” One relative said that they were impressed with the level of information staff gave them about their relation.

People were cared for by staff who were trained to ensure they understood their roles and responsibilities. We saw that the provider had recognised this and introduced new systems to ensure staff were given feedback and support to ensure they were confident and able in their role.

Staff told us they were encouraged to attend ongoing training and to spend time with more experienced colleagues to develop their practice. A health professional who worked closely with the team said the provider was working hard to support staff in the service to ensure they were clear about their roles and responsibilities. We saw induction and ongoing training covered a range of subjects, including first aid, dementia and managing nutrition and hydration.

Staff told us they received ongoing support from senior staff but this had not been working well. Most staff were confident to talk to senior staff if they needed support. We saw there had been recent changes to improve the way support to staff was given but these were still being introduced.

People were encouraged to make decisions about the way they preferred care and support to be given. People told us they could spend time in their rooms, in the communal areas or go out. One person told us, “I like to stay in my room.” They told us staff supported what they wanted to do. Staff told us it was really important to respect people’s wishes, and this was part of building up their confidence so they could return home. We observed people were asked for their consent, for instance when lunch was being prepared we saw care staff ensuring one person was not rushed saying, “Are you ready to go now?” We looked at care plans and saw people were asked for their consent about certain aspects of their care and signed if they were in agreement.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA). They told us how they would support people who had difficulty in making certain decisions and followed the guidelines under the MCA. The MCA is in place to protect people who lack capacity to make certain decisions

because of illness or disability. A health professional we spoke to told us that they completed all MCA assessments with staff and provided training to staff to ensure everyone was supporting people in the right way.

The manager understood the process and guidance on when to use Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed to decide if the restriction is needed. The manager and staff we spoke to said there was no one in the service currently requiring a DoLS application. The provider had arranged ongoing training and support to staff to ensure that people who had difficulties in making decisions were protected under the MCA.

People told us there was a good choice of food and it was tasty. One person told us they were having a late breakfast and had enjoyed it. People said they had plenty to drink during the day and one person joked, “Almost too many!” Another person pointed out to us fresh fruit and snacks which were available in the lounge area.

We saw people having meals which were freshly prepared and people were enjoying it. People were given a menu to choose from before meal times. We saw if they preferred something else this was available. We observed one person asked for an alternative meal and that the person was given the food they liked straightaway.

People’s dietary needs were supported. One person told us they had a health condition and their diet and health were carefully checked by staff. Staff had information about people’s dietary requirements and were able to tell us about these. We observed people being supported, for instance one person used adapted cutlery and care staff checked and assisted when needed.

People’s health needs were monitored and supported.

People told us that they saw the doctor and that their health was looked after by staff. One person said, “They look after me well.” Care staff worked closely with the therapy team based in the home and told us this was really important as many people came into the service straight from hospital. They told us it could be difficult to encourage people’s independence when their health needs were still being assessed and stabilised. However staff told us they referred to the therapy team for specialist advice as well to other professionals such as the GP and they worked well

Is the service effective?

together. One health professional said, “We have a good working relationship. If we need any information [about people] staff know what’s going on.” We saw evidence in care records that where people needed a referral, for instance to the community nurse, this was done.

Is the service caring?

Our findings

People told us staff were kind. One person said, "There's a high level of care shown." Relatives commented on how caring staff were.

Staff were patient and took their time with people. We observed staff placing people's personal belongings closer to them to ensure they had easy access to objects when they needed them. Staff spoke to people kindly and made sure they were understood, for instance when people were hard of hearing. One care staff told us it was good to have time to sit and listen to people.

We saw staff gently reassure one person by holding their hand when they became upset about an issue they were worried about. People who chose to stay in their own rooms for periods of the day were offered and brought hot drinks at regular intervals.

People told us they were free to move around the service as they chose. We observed people were encouraged to walk from one area to another for instance a staff member accompanied one person over a short distance very carefully taking several minutes to ensure the person was safe. We saw care records described what people could do and what they needed support with.

The manager said that people and relatives weren't always clear about what the service provided when they first arrived in the service because referrals were made on their behalf by external health colleagues. A 'Welcome pack' was being introduced so that people and their families knew what to expect so they could be more involved in the planning of their own care.

Staff knew people well. We observed a handover session where information was passed onto staff coming onto their shift. We saw staff were sensitive to people's mood and wellbeing, for example one care staff explained the reason one person had been distressed earlier in the day and how best to support them.

People had a choice of where they wanted to eat. One person told us they liked to eat in their own room if they were feeling a bit tired. We saw most people ate their lunch in the dining room and anyone needing support was assisted patiently by staff. We saw people who had chosen to eat in their rooms had their meals taken to them as they had requested.

People's families were encouraged to visit. One relative told us they could visit any time. There were protected times, for example around meal times, but the service was flexible. We saw one relative had had a long journey and they were welcomed by staff and offered hot drinks and taken to see their relative.

People's privacy and dignity was supported. One person said, "We can be private if we want," and told us they preferred to spend time alone as they weren't used to being with a lot of other people. One care staff said if people wanted to be left to have a bath on their own this was respected. Accessible alarms were in place so that people could feel confident their privacy could be maintained but support was at hand if they needed it.

Staff told us people chose what information they wanted to have on their bedroom doors and people had their own keys if they wished to use them. We saw some people chose to have their photograph on the door. The service used a colour coded sticker on the door so that care staff knew what the person's mobility needs were but protected people's dignity.

The manager told us the service was committed to ensuring people's dignity and respect was supported. Staff were encouraged to attend training and their behaviour and attitude was monitored and feedback given to ensure care was provided in line with these values.

Is the service responsive?

Our findings

People were not consistently involved in the planning of their care. People understood they were in the home for a short period of assessment but were not always clear about how this would be done. One person said they needed to get better at walking and another said they had to have more health checks before they could return home.

Although staff explained how the person would be supported when they arrived they did not know what to expect before they came. The manager told us they were aware of this shortfall and were trying to improve. For instance a 'Welcome pack' was being introduced so that people and their families knew what to expect so they could be more involved in the planning of their own care. However this was very new and was not established when we visited.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they weren't involved in any meetings to talk about their care but staff and their relatives kept them informed on a day to day basis. Relatives told us they were encouraged to be involved in day to day discussions about how the person was being assessed and what they needed to achieve before leaving the service. Relatives told us it had made a big difference to them and their relative and that they were welcomed and encouraged to visit. One relative said the home was, "Pro-active" in looking after their family member and they were kept fully informed of their progress and any set-backs. Another person told us their relative could come every day and everyone was working together so that the person could live in the community again. The manager told us the provider was looking at ways to support people who did not have local family and friends, for instance linking with a 'befriending scheme' so people were not lonely during their stay and on their return home.

One person said, "They look after me well." We observed that staff worked hard to get to know people, for instance staff knew people's names, what food they preferred, and where they liked to sit. Staff we spoke to also knew people's home and family circumstances. We observed information was shared between staff in daily meetings but there weren't any meetings where people were involved.

Staff told us how important it was for people to be part of the team in planning their care and support but this had not been working well. They told us that a key worker system had recently been introduced so that people's preferences and needs were better supported. Key workers are staff who are linked to one or two people in the service so that they can spend time to get to know them really well. However this was still being established.

We saw care plans were written around people's individual needs and staff updated records when there were changes, but the information about people was not always very detailed. We saw that the provider had identified this as an issue and was working with staff to improve the records to ensure people's care was given in exactly the way they needed.

People were not encouraged to be involved in regular hobbies and activities. People told us they were often too tired to do other things because they had been doing their exercises or had family visiting later in the day. However people were unsure what the routine was for exercises and we did not observe any during our visit.

Staff told us they didn't think people had enough to do and were pleased that a specific post to organise activities had been agreed. The manager told us they were trying to recruit and we saw the post was advertised. We saw people had a TV in their rooms and there was one in the communal area. Wi-Fi access was free, and a staff member told us one person had previously brought in an electronic game which they had enjoyed.

People were not supported to raise concerns in the service. We saw that where complaints had been made these were taken seriously and changes made to improve the service. Although people told us they felt confident to raise issues they were not clear on how to do this. One person had felt they should not bother staff with a concern, but raised the concern with us. We raised the issue with staff and changes were made straight away to put things right.

The provider had made some recent changes to encourage people to feel confident to tell staff when they had a concern or complaint. For instance although there was a "Comments and Compliments" board in one of the corridors it looked very new and there was no guidance on how to use it.

Is the service responsive?

There was a complaints policy in place for people to use to raise any concerns, however this did not provide people with clear information about how to make any comments and did not explain how the process worked.

We looked at the records made for one complaint that had been made and saw this had been fully resolved.

Is the service well-led?

Our findings

People were not given the opportunity to be involved in the development of the service or to have their say on the quality of the service they were provided with. Although the provider had recognised systems for giving people the opportunity to be involved in developing the service, these systems had not yet been established. For example people were not given the opportunity to attend meetings as systems for giving feedback were not yet available. This meant that people's views were not heard and acted upon.

Staff did not always feel supported by the provider in their role to care for people in the service. Staff told us there had been a lot of changes in the service since it opened but they were not clear about these changes and how they fitted in. The provider had recognised that communication was not working well and we saw plans to improve this, such as introducing staff meetings. Staff told us they thought the meetings were really useful so that staff could play a part in improving the quality of the service. However these had only been recently introduced and were not established. One staff member said, "I feel supported by the manager and I know I can go to them with anything when I am not sure of anything."

This was the first inspection since the opening of the service and the manager described the service as, "Work in

progress." The manager told us they were very proud of what the service had achieved and that the provider was working hard to improve and maintain the quality of the service.

There was some evidence of systems being used to monitor the quality of the service, such as monitoring of the environment and equipment used. However there were some areas of the service which were not being monitored, such as the admission process. This meant there were some parts of the service which were not being checked to ensure they were providing the level of service required.

We saw that incidents were dealt with appropriately and in a timely way. The manager worked closely with the provider and other organisations to monitor these events and used the information to improve the service, for instance if people had been harmed.

There was a registered manager in post when we visited and they were clear about their responsibilities to send information about significant events to CQC and other organisations.

People were supported to maintain relationships with family and friends. People's families were encouraged to visit and they told us they found the atmosphere was warm and friendly. Relatives told us they thought the home was well run and they found the manager and the staff very approachable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Systems to inform and involve people in the planning of their care were not established

Regulation 9(3)(g).