

Connect Into Care Limited

Connect Into Care - Main Street Willerby

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Connect into Care is a domiciliary care service providing regulated activities (e.g. personal care) to people in their own homes. The service provides support to people with a learning disability or autism. At the time of our inspection there was one person receiving a regulated activity.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene, medication and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Staff supported people to have the maximum possible choice, control and independence. People were encouraged by staff to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

The needs and safety of people form the basis of the culture at the service. Staff understand their role in making sure that people are always put first. They provide care that is genuinely person centred and seek to protect and promote people's rights.

We recommended the provider implements their policy and procedure in line with best practice guidelines to ensure staff receive adequate training and supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection to assess the service is applying the principles of Right support right care right

culture. This service was registered with us on 28 June 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 14 September 2022 and ended on 20 September 2022. We visited the location's office on 15 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited the office location of the service to ensure files were stored securely and to review documentation. We review documentation relating to three members of staff and the care plans for one person. We spoke to three staff, including the registered manager, a senior support worker and a support worker.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff demonstrated they had knowledge of safeguarding, how to identify abuse and how they would report it.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, people were given a choice of when they would like to get up in a morning.
- Staff managed the safety of people by following risk assessments which were in place and reviewed regularly.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. There was no evidence of physical restraint being used.
- Care plans required updating to ensure they reflected staff practice; staff were not trained to use any restraints on people but one care plan referred to 'holds.' This was immediately acted upon during the inspection.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. Staff knew how to consider people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and 'dos and don'ts' to ensure that new staff could see quickly how best to support them.
- Staff were recruited safely with the appropriate checks in place. However, documentation relating to recruitment was not always robust.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- People had a specific COVID-19 care plan which outlined their understanding of the pandemic, the risks to them and how they would prefer to be supported.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Recorded incidents were not always appropriately investigated for learning opportunities to improve the service. However, the registered manager had already identified this and had commenced a specific course to ensure lessons were learnt from future incidents.

Using medicines safely

- At the time of the inspection, staff were not supporting anybody with their medicines. However, senior staff had medication training and the provider had a policy in place in preparation for this if needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff we spoke with could describe how their training and personal development related to the people they supported. However, the provider had not ensured all staff had completed mandatory training in line with their own policy or checked staff's competency to ensure they understood and applied best practice.
- Not all staff had been provided with specialist training relating to working with people with a learning disability or autism, or communication skills.
- Staff we spoke with stated they had completed an induction, which provided them with time to get to know people, how they like to be supported and time shadowing more experienced staff. However, this had not always been recorded.
- Staff had not received supervision as outlined in the provider's policy however, they told us they felt supported at work and would have an informal conversation with their supervisor regularly.

We recommended the provider implements their policy and procedure in line with best practice guidelines to ensure staff receive adequate training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans outlined future goals but did not always have clear pathways including skill teaching recorded.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People with complex needs received support to eat and drink in a way that met their personal preferences, as far as possible.
- Multi-disciplinary team professionals were involved in, and were made aware of, support plans to improve a person's care.
- The provider recorded any use of restrictions on people's freedom, and the manager reviewed these regularly to ensure these were still appropriate and least restrictive. This was done in collaboration with other stakeholders in people's care such as health professionals, social care and relatives.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's care plans demonstrated the MCA had been applied and followed correctly. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff we spoke with demonstrated knowledge around assessing mental capacity, supporting decision-making and best interest decision-making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff spoke confidently of people's needs and treated people with dignity and respect. Relatives we spoke with told us the staff were respectful and caring, a relative told us, "[Relative] sees them as friends rather than carers."
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. Staff knew when people needed their space and privacy and respected this.
- There were specific care plans in place which guided staff on how to introduce new settings and how this would be best achieved for the person.
- People were supported in a dignified manner, which could be demonstrated in the daily records. Staff understood the importance of confidentiality and ensured they shared limited information on a 'need to know' basis and in a professional manner.

Supporting people to express their views and be involved in making decisions about their care

- The person receiving care had been provided with opportunities to make decisions in their care where they were able to. For example, they were given choice around meals, clothing and timings.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. Staff supported people to express their views using their preferred method of communication. For example, people were given schedules of their day in their preferred format and choice around this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant service delivery was not always well organised and outcome focussed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised and co-ordinated support in line with their specialist support plans. Staff did not have one clear support plan to follow, the staff followed various care plans written by different specialist professionals which had not been reviewed regularly and sometimes provided contradictions.
- People's care plans were personalised and outlined goals and aspirations, but they did not include person-centred planning tools and approaches to support people to reach their outcomes. Staff were not always aware of people's goals and how these were to be achieved.

Improving care quality in response to complaints or concerns

- The provider had a complaint's procedure in place but the provider had not received a complaint regarding regulated activity at the time of our inspection.
- A relative we spoke with told us, "Support Workers respond to feedback and changes in routine very quickly and when information is received, they react to it fast."

End of life care and support

- The service were not supporting anyone with end of life care at the time of the inspection.
- Staff had not received any training in end of life care but told us they would work in partnership with the appropriate professionals if required.
- Care plans outlining people's preferences for end of life care were not in place. We fed this back to the provider who said they would start exploring this further.
- Managers and staff were not aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Managers and staff therefore did not support the review process and changes made from any learning shared.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. There were visual structures, including pictorial aids and signs which helped people know what was likely to happen during the day and who would be supporting them.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Due to the service only provided a regulated activity to one person at the time of the inspection, there was no audit systems in place. The registered manager told us they reviewed daily records for quality assurance but had no records of this.
- The provider had a record of missed and late care calls but had not considered reviewing this to look for themes and trends to improve the service for people.
- The provider was not following their own policies in relation to recruitment, training and supervision. Recruitment records did not demonstrate an interview had taken place, staff had not always completed mandatory training or received supervision frequently.

We recommended the provider considers implementing and embedding robust quality assurance systems to monitor how care and support is delivered.

- Following the inspection, the provider told us they had implemented an auditing system to record that checks had taken place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was able to demonstrate their understanding on the duty of candour but had not needed to apply this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. The manager worked directly with people and led by example.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff and relatives spoke highly of the manager and their open-door policy.
- It was hard to measure outcomes achieved for people as these were not recorded. Short term and long term goals were in place but they were not dated or monitored. Not all staff we spoke to were aware of these goals.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The provider sought feedback from people, those important to them and staff and used the feedback to develop the service.
- The service did not document conversations and advice provided by healthcare professionals such as psychologists. However, this information was being used to shape care and support.

Continuous learning and improving care

- Processes for ensuring staff had the correct skills were not robust. When staff had been recruited from previous health and social care backgrounds, we could not be assured suitable checks had taken place to ensure they had the suitable skills. This meant there was a risk of inconsistencies with approach.
- The provider had an action plan for the service and a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.