

Connections Care Limited

# Connections Care Ltd

## Inspection report

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28 August 2018

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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 ●

# Summary of findings

## Overall summary

This inspection took place on 23 and 28 August 2018 and was announced. This was to ensure someone would be available to speak with and show us records.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages. Some of the people who used the service had mental health needs or were living with a dementia type illness.

Not everyone using Connections Care Ltd receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

On the days of our inspection there were 61 people using the service, 47 were receiving the regulated activity.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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. The registered manager had recently left the service and the service manager was applying to be registered with CQC.

We last inspected the service in January 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Risk assessments were in place for people who used the service and staff. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place to support people with the administration of medicines.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People were supported with their health care needs and to attend appointments where necessary.

People who used the service and family members were complimentary about the standard of care at Connections Care Ltd. One family member raised some concerns with us that we discussed with the service manager and saw these were being dealt with via the complaints process.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation and supported to access the community.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Connections Care 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 took place on 23 and 28 August 2018 and was announced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Inspection site visit activity took place on 23 August 2018. It included a visit to the provider's office to speak with the registered manager and office staff; and to review care records and policies and procedures. On 28 August 2018, we contacted three members of staff by telephone.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. We spoke with one person who used the service and eight family members. In addition to the service manager, we also spoke with the director, care co-ordinator and three members of care staff. We looked at the care records of four people who used the service and the personnel files for four members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. A person who used the service told us, "Of course I feel safe with her [staff member]." Family members told us, "Oh [family member] is quite safe with them [staff]", "I do think [family member] is safe with them [staff]" and "I am happy that my relative is safe with them [staff]."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing and rotas with the service manager and care co-ordinator. They told us rotas were prepared two weeks in advance where possible and sent to staff. Any absences were covered by the provider's own staff and agency staff were not used. Staff we spoke with confirmed this. The provider had an on-call system where one of the management team was always available to deal with any staffing issues.

One family member we spoke with told us, "There are just so many different carers." However, all the other family members we spoke with were positive about staffing. For example, "We have a regular man who comes every day and if he is off we have another lady", "It's a regular two ladies we have", "It's usually the same people unless there is a holiday" and "They are pretty much on time, it's usually regulars that come."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, which helps employers make safer recruiting decisions.

There had not been any recent accidents or incidents recorded at the service but the provider had an appropriate procedure and recording mechanism in place.

Risk assessments were in place for people, which described potential risks and the safeguards in place to reduce the risk. Risk assessments also described whether there were any health and safety risks to staff from hazards in the home. This meant the provider had taken seriously any risks to people and staff, and had put in place actions to prevent accidents from occurring.

Since the previous inspection there had not been any incidents or events of a safeguarding nature. We found the service manager understood safeguarding procedures, appropriate guidance was available to staff and staff had been trained in how to protect vulnerable people.

Some of the people who used the service were supported with taking their medicines. We found appropriate policies, procedures and arrangements were in place for the safe administration of medicines. A family member told us, "They do the medicines twice a day and eye drops. That all gets written down and is fine."

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "I don't remember much but she [staff member] knows what she is doing." Family members told us, "They [staff] all seem well trained", "They [staff] all seem to know what they are doing" and "They [staff] all know what to do, they are very well trained."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff received an induction to the service and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. The service user guide stated, "We must ensure that the services we provide are suitable for every individual's needs. The aim being to promote personalisation, empowerment and enablement." People were supported with their health care needs and to attend appointments where necessary.

People were supported with their dietary needs. Staff prepared meals for some of the people who used the service. One person was identified as being at risk of choking and had been referred to a speech and language therapist (SALT). The SALT guidance was included in the person's support plan for staff to follow. For example, all meals were to be provided in small and easy to swallow amounts, drinks were to be luke warm and full observation and supervision was to be maintained. An appropriate risk assessment was also in place.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We found the service was working within the principles of the MCA. The service manager had a good understanding of mental capacity, and staff had been trained in the MCA and deprivation of liberty safeguards (DoLS). None of the people using the service at the time of the inspection had restrictions in

place.



# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. A person who used the service told us, "The lady [staff member] is very nice." Family members told us, "My [family member] can't tell you anything anymore but they have been incredible with him", "The ladies are all very nice with [family member], he enjoys the company which I was surprised about but that's good isn't it?", "The ladies are very nice to me too and I do enjoy their company as well" and "They are grand lasses, they all are. I don't know what I would do without them".

People's care records described how staff were to promote dignity and respect people's privacy. Discussions had taken place with people about what outcomes they would like to achieve from the support they required with personal care. For example, "To maintain a good standard of personal care and to be odour free at all times" and "To have no body odours and know dignity and self-esteem are at the forefront of personal care needs." Staff told us about how they treated people with dignity and respected their privacy.

People were supported to be independent where possible. Care records described what people could do for themselves and what they required support with. For example, "I need full assistance with all personal care requirements inclusive of dressing, hair and oral care." Although independent, one person was identified as being at risk of missing meals and not taking their medication. Staff were directed to monitor the person discreetly.

People's preferences and choices were clearly documented in their care records. For example, food preferences or whether they preferred a male or female member of staff. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. For example, "[Name] can communicate verbally but is unable to hold on-going conversations. [Name] is very repetitive and repeats things continually." Another person had no verbal communication and communicated using their eyes. The service manager told us how the person was supported by two experienced members of staff who were fully aware of the person's communication needs.

People were supported with their religious and spiritual needs. For example, to attend religious services or with specific dietary or personal care requirements.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the service manager who told us none of the people using the service at the time of our inspection had independent advocates.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Care records we looked at were regularly reviewed and evaluated.

Each person's care record included important information about the person, such as next of kin, medical history, details of their personal background, family and friends, and interests. We saw these had been written in consultation with the person who used the service and their family members.

People's care records were person-centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Support plans were in place, which described the individual needs of people, what they wanted to achieve and the support they required from staff. For example, personal care, communication, moving and handling, dietary needs, and social needs.

Daily report sheets were completed at each person's home, which provided an update for staff and families on the care and support provided, and whether there was any important information to pass on.

The service manager told us none of the people using the service at the time of the inspection visit were receiving end of life care. However, they had supported people with end of life care needs in the past and staff received appropriate training.

We found the provider protected people from social isolation. Some people received support from staff to access the local community. For example, to go shopping or to pay bills, to visit the hairdresser, or to visit places of interest. Social needs support plans described what people would like to achieve from the support they received. For example, "[Name] to become less isolated by getting out and about, still to maintain her level of independence and socialise more."

The service had a complaints policy and procedure in place, which was made available to people who used the service. Most of the family members we spoke with did not have any complaints to make about the service. One family member raised some concerns with us and with their permission, we discussed these with the service manager. We saw from complaints records these concerns were being dealt with. The service manager told us any complaints, as well as feedback from people and family members, was analysed to see what lessons could be learned and fed back to staff.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had recently left the service and the service manager was applying to be registered with CQC.

We spoke with the service manager and director about their plans for the service. The director told us they were looking at installing a system where staff can log in electronically at each call visit. This would be a more effective way for management to monitor call visits. The director told us, "A good standard of service is what we are bothered about." The service manager told us, "We have good girls and a good team."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community and supported people to attend day centres (Laurel Bank), sports centres, shopping centres and local places of interest.

The service had a positive culture that was person centred and inclusive. Most people who used the service and family members we spoke with told us they were happy with the service. Staff we spoke with felt supported by the management team. The service manager told us, "We have an open-door policy." Staff we spoke with confirmed this. They told us, "You can go to the office anytime", "They [management] are brilliant", "Connections as a company have always been supportive" and "The support has always been first class. I couldn't wish for better."

Staff were regularly consulted and kept up to date with information about the service. The service manager explained it was difficult to have regular staff meetings so regular bulletins were sent to each member of staff, which were signed and returned to show staff had read and understood the content.

The provider had in place an effective quality assurance and auditing system. This included audits of care records and medicines, regular staff supervisions and spot checks of staff whilst carrying out their role, an annual visit by a member of the management team to each person who used the service, and the use of questionnaires.

People and family members were asked to complete regular questionnaires to provide feedback on the quality of the service. These asked questions about whether the service was meeting the person's needs, were support workers respectful and punctual, were there any ways the service could be improved, and how they would rate the overall service. The results were analysed to identify any trends and where issues were raised, these were followed up with the person who had raised the issue.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.