

Connections24hrs Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Brecon House is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who uses domiciliary care services receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, one person received support with personal care. There was insufficient information available to give the service a rating.

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

The person received safe care and support. Risk assessments were completed and reviewed regularly. The registered manager understood safeguarding procedures. Safe recruitment practices ensured staff were suitable for their roles.

The person received their support calls on time. Infection control measures included use of personal protective equipment (PPE).

The person's care records contained information about their care and support needs. The registered manager had a good understanding of the person's needs and individual preferences.

The person received support from staff who were kind and caring. The person was treated with respect. They received care which maintained their dignity and promoted their independence. Consent was sought before any care was delivered.

The registered manager monitored the quality of the service. They planned to develop their quality assurance systems and processes as the service grew. They were aware of their legal responsibilities and worked in an open and transparent way. The person's relative was confident any issues or complaints would be addressed and resolved.

The person was supported to have maximum choice and control of their lives and they were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

This service registered with us on 12 March 2020. There have been periods of time when this service has been dormant, which means not having any active packages of care. This is the first inspection of this service.

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?

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

Details are in our well-led findings below.

Inspected but not rated

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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

This inspection was carried out by one inspector.

Service and service type

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

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. The registered manager was also the provider. This means they 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with a relative of the person who used the service about their experience of the care provided and saw written feedback from the person. We spoke with the registered manager and a care worker. We reviewed a range of records. This included one person's care records and a variety of records relating to the management of the service. This included templates to be used when required.

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 time we have inspected the service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Systems and processes to safeguard people from the risk of abuse

- The person received safe care and support. The registered manager had systems to safeguard people from abuse and was aware of how to follow local safeguarding protocols when required.
- Staff had undertaken safeguarding training so knew about the types of abuse and how to report any concerns.

Assessing risk, safety monitoring and management

- The person's known risks were assessed and reviewed regularly by the registered manager.
- Care and risk support plans identified the risks and provided guidance to staff on how to provide care that reduced these as far as possible. For example, this could be for risks such as falls, skin integrity or ensuring sufficient nutrition and hydration.
- The registered manager planned to introduce a home and environment risk assessment to ensure the safety of the person receiving support, and staff. This would include, for example, access considerations, any issues with lone working and any risks with electrical appliances.

Staffing and recruitment

- At the time of inspection one member of care staff was employed. Safe recruitment practices were followed. This included carrying out checks to ensure staff were suitable and had the right character and experience for their roles.
- Consistent care was provided. Support visits took place on time. Records and feedback confirmed this. Back up plans were in place to ensure appropriate cover when the member of care staff was off.

Using medicines safely

- Care records showed the person's medicines were considered as part of the assessment process. This confirms what role staff took in medicines administration and support. For example, whether they were required to administer medicine, supervise and prompt, or have no involvement.
- The level of medicines support agreed with the person was clearly set out in their care plan.

Preventing and controlling infection

- There were sufficient stocks of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread. The person's relative told us staff wore PPE during care visits.

Learning lessons when things go wrong

- At the time of inspection no incidents or accidents had occurred. The registered manager had processes ready should these be required.

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 time we have inspected the service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The person's needs were assessed before any care was agreed. This ensured the registered manager could arrange any additional training or resources before the package of support started.
- A care plan showed key areas of the person's support needs were considered. For example, these included skin care, mobility and personal care. The registered manager had plans to add more detail and develop the care records further. For example, to include an assessment of oral care needs.
- Care records were holistic and included consideration of the person's equality, diversity and human rights needs. For example, religious, cultural, spiritual and other individual characteristics and preferences.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they started work, which included shadowing experienced staff and ensuring appropriate mandatory training was undertaken.
- Supervision took place to ensure staff and management had opportunities to discuss arising issues as well as staff development and any support needed. We saw the supervision template which included discussion of safeguarding, which promoted good practice in this area.
- The registered manager planned to develop a straightforward staff handbook which would provide relevant information to staff about aspects of their role and employment.

Supporting people to eat and drink enough to maintain a balanced diet

- Care records included information about the person's nutritional needs and the support required in this area.
- Systems were in place to monitor food and fluids for anyone who may require it.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The care team, including the registered manager, provider and care staff worked in partnership with the person and their relative to ensure relevant healthcare information was shared in a timely manner. For example, they always passed on any observations about the person's health to their relative so these could be followed up on immediately.
- The care team had a good knowledge and understanding about the person's healthcare requirements.

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 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.

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.

We checked whether the service was working within the principles of the MCA.

- The registered manager demonstrated they understood the principles of the MCA.
- Processes were in place to assess people's capacity to consent to their care and make their own decisions. Records showed choices were always offered.

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 time we have inspected the service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was well cared for and treated with respect and kindness. Their recent written feedback stated, "100% care. They treat me well." Their relative told us, "[Staff member] is very, very good, can't fault her. [Family member] likes her"
- The team knew the person well and provided good quality care which met their needs.

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

- Care plans set out how the person preferred to receive their care and their regular routines. Care plans were reviewed and updated regularly. A staff member told us, "The care plan is there in the folder. If there are any changes I tell the managers and they update it."
- There was good communication between care staff and the person's relatives, to ensure continuity of care. The person's relative told us, "There's a folder in the house. I sometimes have a look, to see what they've been doing. I always leave a note to them."

Respecting and promoting people's privacy, dignity and independence

- The person received care which respected the person's privacy and dignity. We saw this was discussed during induction and supervision to promote good practice in this area.
- The person's independence was encouraged and promoted. Their requests and preferences were followed.
- Personal information was kept securely at the office location. The registered manager was aware of the importance of confidentiality and keeping information safe.

Is the service responsive?

Our findings

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

This is the first time we have inspected the service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The person's choices and preferences were documented in their care records. Care plans included details of the person's routine during each care visit. This meant the person could receive personalised care which met their needs.
- Staff had built positive, professional relationships with the person using the service and their relative. They had a good understanding of the person's needs and their individual preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be made available to people in a variety of formats as needed, for example, large print or easy read.

Improving care quality in response to complaints or concerns

- Complaints policies, procedures and quality assurance processes were in place. At the time of inspection no formal complaints had been received.
- The person's relative told us they had confidence any arising issues would be dealt with promptly and appropriately and said, "Yes, they would sort anything out."

End of life care and support

- The service had an end of life policy which set out the way people could expect to be cared for according to their wishes. The registered manager was aware of what was required, including staff training, in the event this type of care was required.

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 time we have inspected the service. We have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The registered manager and provider were committed to delivering good quality care to people in their homes. They were keen to ensure they had effective systems, processes and the correct documentation before they started to grow the service and take on more staff and packages of care.
- The registered manager and provider put the person at the centre of the service and provided good quality care that focussed on their care and support needs.
- A member of care staff spoke positively about the approach and availability of the registered manager and provider. They told us, "If I have any issues they are contactable all the time. They are always there if I need them. They are open and easy to speak to."

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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- The registered manager was clear about their roles and responsibilities to people using the service now and in the future.
- The provider and registered manager had oversight of all areas of the service. They recognised the need to undertake regular quality assurance audits and have the templates to support these processes as the service grew.
- A comprehensive range of policies and procedures supported the effective running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager was supportive of the inspection process. They were open to suggestions and reflected upon ways to continuously improve the service people received.
- A service user guide was being developed so people had access to relevant information when they needed it
- The registered manager shared relevant information with the person's relative and they worked in partnership to ensure the person's needs were met. At the time of inspection, the registered manager was

not required to liaise with other agencies on behalf of the person but knew how to do this if required.