Connect Nursing Limited

Connect Nursing

Inspection report

577 High Road
Leytonstone
London
E11 4PB

Tel: 02089881110
Website: www.connectnursing.co.uk

Date of inspection visit:
22 August 2018

Date of publication:
03 October 2018

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

Connect Nursing is a domiciliary care service providing support to people with in their own homes who have complex health needs, which include people who had suffered a stroke and spinal cord injury. At the time of our inspection 25 people were using the service. Staff provide support with personal care to people living in their own houses and flats in the community. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager at the service 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 '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.

We last inspected the service in September 2017, where we carried out a responsive inspection that only covered our findings in relation to one outcome; safe. At that inspection, we found one breach of our regulations because the provider did not always deploy a sufficient number of staff to make sure that they could meet people's care and treatment needs. At this inspection, we found that this had been rectified and a sufficient number of staff had been employed. At our last comprehensive inspection in December 2016, we found a breach of our regulations because the service was not working within the principles of the Mental Capacity Act and we found that there was a lack of understanding in this area. At this inspection, we found that this had been remedied. Care workers and management demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

The service was safe and people were protected from harm. Care workers were knowledgeable about safeguarding adults from abuse and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised. Care workers knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and care workers demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a weekly basis.

Newly recruited care workers received an induction. Training was provided on a regular basis and updated when relevant, and included specialised training to support people with specific needs.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Positive relationships were formed between care workers and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service and their relatives told us care workers were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs.

Concerns and complaints were listened to and records confirmed this. Complaints were dealt with promptly.

Staff felt supported by the registered manager and the culture of the service was open, with regular communication between teams.

Quality assurance practices were robust and taking place regularly.

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. People were protected from harm and abuse.

Risk assessments were personalised and robust.

The service made sure that there were sufficient numbers of staff to meet the needs of people.

Medicines were managed safely.

Infection control practices were thorough and staff were provided with protective clothing.

Is the service effective?

Good

The service was effective. People's needs and choices were assessed and care, treatments and support was delivered in line with current standards.

The service ensured that staff had the skills and knowledge to provide support. The service provided specialist training to meet people's needs.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to have access to healthcare professionals.

Consent was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect.

People were supported to maintain their independence.

Staff formed positive and caring relationships with the people they supported.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and contained information specific to people's needs.

Concerns and complaints were dealt with promptly and in line with the service's policy.

People were supported at the end of their life in a personalised way.

Is the service well-led?

Good

The service was well led. Staff spoke positively about the management of the service and said they felt supported.

Team meetings were taking place every week.

Quality assurance practices were robust and regular.

Connect Nursing

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.

The inspection took place on 22 August 2018 and was announced. We informed the provider 24 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The inspection team consisted of one 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 service.

Before the inspection we checked the information we held about the service. This included any notifications, such as safeguarding alerts and previous inspection reports. Prior to the inspection the provider completed a 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.

During the inspection we spoke with the registered manager, lead nurse and care manager. We looked at four care plans, six recruitment files, accidents, incidents, safeguarding records, complaints and policies and procedures. After our inspection we spoke with two nurses and one care worker as well as one person who used the service and seven relatives.

Good

Is the service safe?

Our findings

People and their relatives told us they felt self with the care workers supporting them. One relative said, "I am happy [relative] is safe with them." Another relative said, "We have a regular crew of five or six [care workers] on 12-hour shifts and they have all been marvellous, I am absolutely sure [relative] is safe with them."

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to equality and diversity, fire safety and medicines. Staff told us they felt protected to whistleblow and knew what to do if they had any concerns about a person who used the service. One of the nurses we spoke with told us, "If I had any safeguarding concerns, I would speak to my manager. She is very supportive in that way and I will also speak to the local authority and tell them the situation and I will fill in the relevant form. We have a protocol for complaints and safeguarding's." They also explained, "If I had concerns the manager was doing something wrong, I would go the local authority or CQC." Another nurse we spoke with said, "I'd raise [any safeguarding concerns] with my line manager or take it further."

People had risk assessments in place and these were robust and detailed. Each person had an environmental risk assessment, a fire procedure risk assessment as well as individualised risk assessments relevant to each person's needs. For example, one person's risk assessment for epilepsy stated, "[Person] has epilepsy and is at risk of injury during a seizure. Risk control: [Person] has a vagus nerve stimulator to be swiped if he has a seizure. Nurses will administer [person's] epilepsy medication as prescribed. If seizure lasts more than five minutes nurses to administer buccal midazolam 10 mg and monitor its effect. If no response to treatment within 10 minutes, nurses to call 999." This risk assessment provided clear instructions for nurses and care workers to follow in the event of a seizure. In addition, this person's care plan contained directions on how to perform vagus nerve stimulation which was in pictorial format for staff to follow. Risk assessments were reviewed on a monthly basis and records confirmed this.

The service made sure there were sufficient numbers of suitable and consistent staff to support people and meet their needs. The service provided long periods of care to people, for example six hours, twelve hours or 24-hour care. The registered manager told us, "I am a nurse by profession so sometimes I will go and provide care if there is an unexpected absence. The client's needs come first." The lead nurse explained, "At the moment, our rota and staffing is well maintained. Even if we get last minute cancellations, we have a team of support workers for each and every client, we can pick someone from their pool so that they are familiar with the client. If not, I will go and do the shift. There is always someone available."

The service had an on-call system that was activated every day after 6 pm. The lead nurse explained, "On-call will be the office manager and also another person. There is first on call and second on call. Always two people."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the

provider that employees were of good character and had the qualifications, skills and experience to support people living at the service. In addition, because the service employed qualified nurses, copies of up to date NMC registrations were also checked and kept on file. NMC stands for the Nursing and Midwifery Council. The NMC regulate nurses and midwives who must maintain their registration in order to provide care.

The service supported people to take medicines in a safe way. There was a medicines policy and procedure in place which provided guidance to staff about the safe management of medicines, including its administration and recording. For example, one person's care plan stated, "Medication given via a Percutaneous Endoscopic Gastrostomy (PEG) tube. Medication is removed from the boxes or bottles and put in the medicine pot, a syringe is used to draw and administer via PEG tube. Medication in tablet form will be crushed and mixed with a little bit of water." A PEG tube is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed as well as medicines.

People and their relatives told us their medicines were managed safely. One relative said, "They collect the medicines and administer them, there has been no problem with that." Medicine administration records (MAR) were maintained. These included the name, strength, dose and time of each medicine to be given as well as any potential side effects. Staff signed the MAR after each administration so there was a clear record of the medicine being administered. We checked completed MAR's and found they were completed accurately, were up to date and did not contain any unexplained gaps. Once the MAR's were completed they were returned to the office where the lead nurse carried out an audit on them to make sure they were completed correctly and records confirmed this was taking place on a weekly basis.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this where the registered manager kept a summary of all incidents, the actions taken as a result and whether CQC had been informed. The registered manager told us about the lessons learnt in relation to any incidents and said, "We have learnt a lot [in reference to a specific incident]. We have learnt that we have to do a more thorough assessment and get a handover from a previous agency and if we can't provide the care, we won't take the package. In addition, we now have a team meeting where we sit and discuss a prospective client, their needs and whether we can look after them and if we have the appropriate staff."

Infection control practices were appropriate and the registered manager told us, "We provide everything, aprons, gloves, masks, disposal bags, all at our own cost. Every Monday we do our deliveries and the carers and nurses put their orders into the WhatsApp group." A relative told us, "Staff do wear gloves and aprons."

In addition, the registered manager explained the lessons learnt as a result of our inspection in December 2016 and the MCA (Mental Capacity Act). They told us, "I am more knowledgeable of power of attorney now and asking families for a copy for our records."

Good

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to support being provided. Information included the person's support network and professionals involved, family support, diagnosis, communication needs, behavioural needs, cognitive function, respiratory needs, bladder, bowel, nutrition, skin, personal hygiene, mobility, transfers, pain management plan, sleep, equipment, adaptations at home, proposed care package and training requirements for staff that would be best suited with the person.

The registered manager said, "We will never take a client without an assessment. Our lead nurse and case manager does the pre-assessments." The lead nurse explained, "We have an assessment form, go in and work through the form so that we get to know if we can provide care for that client or not. If we can't meet the person's needs, we will say no and tell the CCG (Clinical Commissioning Group). We have learnt that we will not take someone on unless we have all of the information from everyone involved." The registered manager also explained, "If we have someone coming to us from hospital, we will go and shadow the nurses in hospital and meet the family, so that by the time the person comes home, they are familiar with their carers."

Records showed that all staff had completed an induction upon commencement of employment. Aspects of the induction included reading the staff handbook, the equal opportunities and anti-discrimination policy, health and safety policy, fire prevention, whistleblowing, risk assessing, record keeping, procedure of gaining entry to the client's home in the event of a non-response, infection control, medications, and food hygiene principles. The registered manager explained the induction process and said, "They will come and do the training and then they will shadow more senior staff, which is part of the induction." A nurse told us, "The training and induction was good. I was happy with the orientation." Another nurse explained, "I had training, I shadowed and was shadowed, they were quite supportive." A relative said, "They have all been very well trained, I can't fault it."

In addition, records confirmed that all staff had received training appropriate for their role. Training included basic life support, safeguarding, manual handling, infection control and epilepsy. The service also provided specialist training to care workers and nurses that were relevant to the person they were caring for. The registered manager explained, "The training we provide is expensive and we spend a lot of money on it but we look after people holistically so the training is essential." Records of specialist training consisted of gastrostomy feeds, tracheostomy, ventilation and as well as positive behaviour support, diabetes, learning disabilities, spinal cord injury, bowel management and ventilator care. One of the nurses we spoke with said, "I had specialist training on bowel wash out because I'm working with someone who needs that."

Following their training, staff were invited to complete a 'post training assessment questionnaire.' Records showed that the training provided was rated highly. Feedback consisted of positive responses such as "excellent" "much useful training" "gained more and learnt more" "Very educational and highly informative." The lead nurse told us, "This year I have done the supervision and appraisal training. And I am due to have management training. The support is given from management to accelerate my skills." One of the case

managers told us, "I get the same training as everyone. If there is training happening, you are expected to attend. It's really good though because I know all of the aspects now. And it comes in handy for spot-checks, I'm not guessing, I have the know-how."

Records showed that all staff were receiving supervision and appraisals. Supervision was taking place every six months. The lead nurse carried out all of the clinical supervision with the nurses and the case managers carried out supervision with the care workers. Supervision consisted of discussions around care plans, daily records, monitoring charts, medicines, positive achievements have with the people and teamwork. One of the nurses told us, "I feel supported."

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.

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service.

Consent to care and treatment forms were in care plans and signed by people who used the service. Care workers demonstrated that they understood the principles of the MCA and the importance of seeking consent. One of the nurses we spoke with said, "I would never force anyone, I would never force someone against their wish. It is very important to obtain consent before giving care."

The service ensured that people were supported in a holistic way with the involvement of health professionals where relevant. We saw records of health professional input in people's care plans, for example GP records, district nurse visits, occupational therapy visits and hospital discharge notes. In addition, the service supported people to receive ongoing healthcare support via the nurses that they employed, who were trained to provide specialist support to people. Records were kept to reflect this, for example one person's care plan contained daily checks on their blood pressure, pulse, temperature, number of catheters and the consistency of colour of secretions.

People were supported to have a balanced diet and care plans were reflective of people's preferences. One person's care plan stated, "I like to choose what I eat. I need assistance with eating and drinking. Staff to ensure that they place my food within easy reach. I can feed myself but I need staff to tell me where the food is as I cannot see. Staff to inform me of the food I am eating."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. A relative told us, "They are nice to [relative]." Another relative said, "We include the carers in our family life and some have just been wonderful." A third relative said, "They are very kind and respectful to [relative], the carers have all been marvellous."

Care workers and nurses told us how they supported people in a caring way. One nurse said, "What I normally do is involve the client in the care. For instance, in the morning, my client suffers with anxiety and depression so I know when I go in if she's in a good mood or a bad mood. I always ask if she's ready and give her privacy and time, I'm there for six hours. During the procedure, I always talk to her and tell her everything I'm doing, for example, 'I'm turning this on' or 'I'm moving this'. I always get her permission and empower her. I'm in her home at the end of the day." They also explained, "I'm a caring person. I want to help people of course, and see great results. It's satisfying when you see someone progress. I always want to do my best." One of the case manager's told us, "We get that bond with people and see them improve and make a difference in their lives."

People's independence was respected and supported. One of the nurses we spoke with said, "I try and give people independence. I don't look at disability, I look at ability. I encourage them to do whatever they can."

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. The staff we spoke with understood that people must not be discriminated against on these grounds (and other protected characteristics).

The registered manager told us how the service was respectful of people's cultural and religious needs and said, "For example, taking off shoes when going into a Muslim home. It's about respecting what's important to them." In terms of supporting or employing people who identify as LGBT (Lesbian, Gay, Bisexual, Transgender), the registered manager told us, "We haven't encountered this yet but we would treat them with the respect that they deserve. We are accommodating."

Good

Is the service responsive?

Our findings

Care plans were detailed and contained personalised information about each person. Each care plan contained a front sheet with information such as important telephone numbers, next of kin details, GP, case manager details and medical information. Care plans also contained detailed information about people's medical history, medicines and specific care needs as well as a hospital admission timeline and reasons for admissions and discharge dates.

Care plans were divided into specific sections relating to a person's care and needs, for example communication, epilepsy care, cognition, breathing, personal care, gastrostomy care, nutrition and continence. One person's care plan in relation to communication stated, "I am not able to communicate verbally. I like it when someone is talking to me, staff to reassure me with every intervention. I wear glasses therefore staff to ensure they are clean at all times. If not sure of my communication, my family are there to assist." Another person's care plan in relation to personal care stated, "I would like two staff to support my personal care needs…I prefer a full body wash using baby wash for my body and no soap for my face. I like my hair to be washed and brushed every day. Ensure toe nails and finger nails to be kept short at all times. Daughter to be informed for cutting or trimming the nails." One of the nurses we spoke with told us, "The care plan is very detailed and explains everything and we always update it if we need to." Another nurse told us, "The care plans are very informative and well explained." This meant that staff had clear instructions to support people in a personalised way.

Care plans also contained information about people's likes and dislikes. For example, one person's care plan stated that they enjoyed, "Relaxing with a cup of tea/cool lemonade. Music, e.g. the BeeGees, George Michael". In addition, care plans had information in them about people's backgrounds, past jobs and interests, for example for one person this was, "Cooking, radio and music, quiz shows, rugby, outings with family."

The service supported people at the end of their lives with the support of other health professionals. The registered manager told us, "Usually the hospice provides the nurses for end of life care, as well as the relevant equipment but we'll make sure the personal care side is looked after."

The service had a complaints procedure in place and included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records of complaints we looked at had been responded to promptly and the service was pro-active in resolving issues and learning from them. The registered manager explained, "We had a recent complaint about a care worker and I used it as a training example with staff." A relative told us, "They come and do reviews pretty regular and if anything is wrong we tell them straight away and they fix it." Two of the relatives we spoke with after the inspection raised some negative issues about the service, which we relayed to the registered manager. The registered manager acted promptly and told us they were dealing with the issues as a matter of urgency.

Good

Is the service well-led?

Our findings

The registered manager told us about the ethos and specialism of the service and said, "Right now we are growing well, we have a specialism in nursing, for example we have someone with a tracheostomy (this is an opening created at the front of the neck so a tube can be inserted into the windpipe to help a person breathe), someone who requires bowel evacuation, people with spinal cord injury, PEG feeding; we can do all of this. We make sure we do the training regularly." They also explained, "I've always been somebody who loves caring and I am passionate about care. I opened the service in the year 2000 and I've been a nurse since 1984. One of my employees has been here for 14 years, I supported them to go from care worker to case manager, it's about empowering staff." This case manager explained, "I've worked here for 14 years. It's a good team. The comradery is good and I've watched the company grow. I was a carer first, then a driver and then care coordinator."

The registered manager told us about their management style and said, "I'm a very open-minded manager. I enjoy talking to my staff, people are very open with me and I'll never turn anyone away from talking to me or coming in for a chat. My phone is always on and I always respond." A relative explained, "The office has been wonderful, I speak to the manager."

Staff spoke positively of the registered manager and one of the nurses told us, "There is an open-door policy here. If I have any queries, even if the registered manager is on annual leave, we can still phone her, she gives us that freedom." They also explained that staff morale was high and their successes were celebrated, "We have a big Christmas party every year or if someone is having their birthday, we celebrate altogether. It's a nice environment to work in, a good team environment." One of the case workers explained, "The registered manager is an excellent manager."

The service used a messaging application whereby each care worker and nurse were part of a 'group chat' specifically created for the person they cared for. The registered manager told us, "We have various WhatsApp groups for each client, for example if someone needs gloves, or if someone needs to pick up a shift. It's a very good way of communicating and I can see everything that is going on."

The registered manager told us about the community engagement they were involved in and stated, "We network with other registered managers and the local CCG (Clinical Commissioning Group). We also network with the local authorities and with local churches. For example, my local church has a large meeting every three months and different people from the community come for communal prayer and very often we will take referrals and offer support to people."

In addition, the service had an apprenticeship scheme and at the time of inspection, had an apprentice in place. The registered manager explained, "We like to support the community by taking on an apprentice. We see the benefit of doing this, for example he will make calls, check references, chase up surveys. Our current apprentice; their confidence has really grown, he did his coursework on communication and did a presentation at the office, we are very proud."

The service had robust quality assurance practices in place. This consisted of spot checks on care workers and nurses that looked at aspects such as punctuality, appearance, company uniform, protective clothing, medicines, food hygiene and MAR's. In addition, an 'employee evaluation form' was carried out every three years that looked at collaboration and teamwork, communication, regard for people, decision making, empowerment and work ethic. The nurse lead told us, "The competency tests are for both the nurses and care workers, clinical and non-clinical. These are carried out every three years, but if there is a problem during spot checks and supervision we will do it sooner. The competency test looks at whether the person is still competent in their duties, which they were trained to do. For example, with medicines competency, if they're still not competent, the member of staff will be removed from the service user and they will be given extra training."

In addition, case managers were allocated to a group of people who used the service and their respective care workers and nurses. This meant that case workers had a constant overview of what was going on and one of the case workers elaborated on this, "I schedule team meetings, monthly meetings at people's homes or have meetings with the carers either in person, WhatsApp or face time. This is to make sure we know what's going on and any changes and iron out any issues before they become too big. I go between the CCG and families sometimes and point families in the right direction." One of the nurses told us, "The team are very supportive. We have the WhatsApp group for each client with each carer or nurse who looks after the client. We also have a 24-hour telephone help line."

The service invited people to complete an annual survey and we looked at records from December 2017. Feedback from people and their relatives was positive and they had rated the service as "excellent" for timekeeping, punctuality, appearance, politeness, quality of work, willingness to learn and attitude. One relative told us "The other day they rang me to see if everything was alright, I just ring them up if I want to change things."

Team meetings were taking place weekly and records confirmed this. Discussions included the rota, annual leave, client updates and specialist training required to support clients. In addition, there were separate meetings for managers where discussions were held around supervision, schedules, training, roles, recruitment and safeguarding. There was also a meeting for the nurses whereby discussions were held around files, care plans, supervision, appraisals, spot checks, competencies, team meetings, audits and training. There was also a care manager's meeting where audits were discussed, staffing, complaints and safeguarding. The lead nurse told us, "Team meetings are weekly. Every Monday we have a quick meeting where whoever was on call will report what happened at the weekend and every Wednesday we have a care manager and nurses meeting. We have a monthly office meeting as well. The meetings are very useful, can iron out any issues.

The service kept a record of compliments they had received from people who used the service and their relatives and we saw records of this. A relative had emailed the registered manager in December 2017 to say, "Just a quick note to say how lovely the nurses are who come to administer IV fluids for [relative]. Both [nurses] have been both kind and patient to my [relative], they have understood her problems and gone out of their way to accommodate her. It makes a welcome change to have two nurses who listen to [relative's] needs and act accordingly. Many thanks to both of them."