

Connect Nursing Limited

Connect Nursing

Inspection report

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11 January 2023
12 January 2023
20 January 2023

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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

About the service

Connect Nursing is a domiciliary care service providing support to people within 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 13 people were using the service. Staff provide support with personal care to people living in their own houses and flats in the community.

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

People told us they felt safe and their relatives observed staff keep their family member safe while receiving care.

Risk was assessed and regularly reviewed to ensure people were not at risk of potential harm. Staff knew the different types of abuse people may face and how to report and escalate if they wanted to whistleblow.

Staff were recruited safely following policy and procedures and there were enough staff to provide care to people on time.

People were protected from the risks of acquiring an infection as staff wore appropriate protective equipment and clothing and disposed of it safely.

Staff training was effective and in-depth. People and their relatives told us staff showed they had the skills to care for complex health needs. Staff were regularly supported by the management team and other nursing staff who provided training. People were confident knowing that staff received specialist training and competency checks before supporting their health needs.

An assessment of need involved people, their relatives and appropriate health professionals. Consent to care was requested before care could begin and people were supported to make their own decisions. Where this support was provided, people were given enough to eat and drink.

Care was given by kind and patient staff who respected people's diversity. People's privacy, dignity and confidentiality was respected. People were encouraged to make choices and decisions about their care.

Care was planned with the person at the centre and staff respected their preferences. Staff were able to get to know people and understand how people liked to have care provided.

People and their relatives knew how to raise a complaint and were reassured and satisfied once they had received an outcome from their complaint.

The service had a clear management structure where people knew who they could contact if they had any

queries about care. Staff enjoyed working with the service and felt empowered to give people the best care as they were developing skills in complex care.

People were supported to have maximum choice and control of their lives and staff supported them 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

Rating at last inspection and update

The last rating for this service was good (published 3 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Connect Nursing

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 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 December 2022 and ended on 20 December 2023. We visited the location's office on 16 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and nurse manager, 1 health professional, 5 care staff, 3 nurses, 2 people and 4 relatives. We looked at 4 care plans, 7 recruitment files, supervisions and appraisals, complaints, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding adult procedures were in place to protect people from the potential risk of abuse.
- Staff were aware of the different types of abuse. A member of staff said, "There are so many different types of abuse, physical, emotional, psychological, sexual, financial and verbal. I'd speak to [person], do they have any marks, what is their mood like?"
- Staff knew how to report an allegation of suspected abuse as documented in the service's safeguarding policy and procedure.
- Staff told us their first contact would be to inform the registered manager, however if they felt action was not being taken, they knew the different organisations to approach. A member of staff said, "I'd go to the local authority, police or the CQC if I feel management was not doing the right thing."

Assessing risk, safety monitoring and management

- People were kept safe while receiving care and risk was regularly monitored.
- One person said, "Yes I am safe, the staff are responsible and care for me well." A relative said, "Yes, the staff are here every day and [person] is kept safe."
- A member of staff said, "Each of my clients has a risk assessment in place that I make sure I follow. I risk assess them [people] daily when I am on duty." Another member of staff said, "The risk assessments give us enough information, but when we are in people's home we check and report anything that could cause an accident."
- People had risk assessments in place to reduce risks, and these provided clear guidelines for staff to keep people safe. For example, a moving and handling risk assessment stated the number of staff needed to perform safe transfers and how staff should move people around their home, this risk was reviewed every month.
- Equipment used in the service was maintained and dates showed when these had been serviced to ensure their safety.

Staffing and recruitment

- The service followed safe recruiting procedures when employing new members of staff.
- Records confirmed new staff had to complete an application form, attended an interview, provided references and completed a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records confirmed appropriate immigration documents were held on file for staff working at the service.
- There were enough staff to provide safe levels of care to people. Feedback from people around staff

timekeeping was positive. One person said, "Generally speaking, if they are late, they will inform. The nurses are fine." A relative said, "The staff stay as long as they should for a 12-hour shift."

Using medicines safely

- People were supported to receive their medicines safely, records confirmed this.
- Staff had completed medicines training and told us they found it effective. A member of staff said, "I found the medicines training very detailed and helpful."
- People using the service told us staff helped them with their medicines and any issues with medicines had been resolved by working with management and staff at the service.
- There had been no medicines errors and staff were aware of the importance to report an error to ensure transparency and make sure prompt action could be taken to safeguard people where necessary.

Preventing and controlling infection

- The risk of infection spreading was reduced as staff followed safe hygiene practices.
- People and their relatives told us staff wore correct personal protective equipment (PPE)
- A relative said, "Yes, they do wear them (PPE)." Another relative said, "Yes, they wear and dispose of them when they leave."
- Staff were provided with PPE from the provider's office. Staff told us there was enough PPE and they came to collect it when they visited the office.

Learning lessons when things go wrong

- Processes and systems were in place to learn after an incident had occurred and learning was shared.
- Staff told us they had been informed of incidents after they had occurred and how everyone could learn from them to prevent such an event happening again.
- The registered manager provided an example of when an incident had occurred, the meeting that took place with staff to provide support and measures on how to prevent a similar incident occurring in the future.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported with an in-depth training and support package.
- A relative said, "Yeah they are clearly experienced some of the care is not common, I had to be firm that staff know how to use the Peristeen (a Peristeen is an irrigation system consisting of a rectal catheter). There is also shadowing for staff."
- Staff completed an induction and mandatory training which included health and safety, safety at work, food and hygiene, infection control, fire safety and safeguarding.
- Care staff had completed the Care Certificate as part of their training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager and nurse manager detailed the training staff had to complete before they could begin to provide care.
- Care and nursing staff were provided with mandatory and a bespoke training package depending on the needs of the person. Records confirmed this.
- A nurse told us the training was really helpful and made them feel they were providing good care and support. A nurse said, "Once I was given the client, the service sent me to the hospital to do the training. This included spinal injury training and tracheostomy." The same member of nursing staff told us they provided training support to care staff and they said, "All the care staff are very competent, what I like about them is they are honest and always tell me if they are not sure of something."
- Staff received regular supervision with their line manager and told us they found it valuable. A member of staff said, "Supervision gives me the opportunity to address work life balance and identify areas that need improvement and acknowledge what I have done well."

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

- People's needs were assessed by the service before care began and acknowledged their preferences.
- Care records confirmed people received an assessment of need and were involved in this process with their family members where needed. A relative said, "Yes, we were part of the preparation of the care plan."

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

- Food and drink support was provided to people who required it.
- Records showed some people had a nutrition care plan stating the food they could eat and guidance for staff to be aware of ensuring healthy food was being eaten.

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

- People's care plans contained contact information of the health professionals involved in people's care.
- For example, records showed the service contacted the dietitian to find the best way to support people with their nutrition needs.
- Other health professionals involved included GP, physiotherapist and occupational therapists.
- In an emergency the service had prepared medical grab sheets which provided important information on people's medical conditions, medicines they were taking, contact information for health professionals involved and the level of support people needed when in a medical setting.

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.

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

- Staff demonstrated they understood the principles of the MCA and applied it daily while delivering care and support.
- Capacity assessments had been completed as required where people were unable to make certain decisions around their care.
- Consent to care was requested before care was provided to people using the service, records confirmed this.
- Staff were aware of the importance of seeking permission before providing care.
- A member of staff said, "I get permission from people before any task is performed, I need to let them know before I do any task for example, medicines, dressing, eating and tidying their house."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were cared for by staff who respected them, were kind and caring.
- A relative said, "The staff are very kind and professional." Another relative said, "Yes they are kind."
- A member of staff said, "I build that trust by getting to know their needs, I try to get to know who I'm working with, their likes and dislikes. I try to have a joke with [people] and make them feel comfortable."
- Staff received training in equality and diversity and demonstrated they respected people as individuals and were non-discriminatory. A member of staff said, "We've been trained professionally, I may practice a different religion to our client, but that respect is there, I must give them the respect and best care." Another member of staff said, "Connect is a very inclusive organisation."

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

- People were regularly encouraged to express their needs and make their own decisions on the direction of their care.
- Staff provided opportunities for people to share their views. A member of staff told us, "I care plan with them [people], I value their input and identify what is important to them in their care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence encouraged.
- Relatives told us staff respected their home and their family member's privacy and dignity.
- Staff told us they maintained confidentiality and did not disclose information about people outside of the work environment.
- A member of staff said, "During personal care, doors, window are closed in order to respect the privacy of [people]. If I'm providing a bed bath, only the part of the body that is being washed is exposed, the remaining is covered."
- People's independence was encouraged by staff by letting them perform daily tasks, social activities and hobbies they enjoyed.
- A member of staff said, "I encourage them [people] to do as much as they can for themselves, I assess them daily to see their ability to carry out a task they used to do before."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care was designed to be personal to them and staff listened to their choices about how care should be provided.
- People and their relatives told us they were fully part of the care planning process and had their views listened to where care needed to be updated.
- A relative told us when a change in care was required, the lead nurse visited their home to discuss and updated the care plan, this meant care was being reviewed to meet people's needs in response to changes.

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.

- The service met the requirements of the Accessible Information Standard as they ensured information was provided in formats that met people's needs.
- The registered manager told us they could provide information to the people they supported and their relatives in an accessible way. This included large font, braille or alternative language. This ensured people did not face any difficulties in understanding the information presented to them

Improving care quality in response to complaints or concerns

- The service had systems in place to respond to complaints.
- The service had a complaints policy and procedure which people and staff were aware of.
- People we spoke with told us when they had made a complaint it had been acknowledged and resolved to their satisfaction.
- The registered manager and nurse manager used complaints as an opportunity to learn from what had not worked so the care experience would improve for people using the service.

End of life care and support

- People who required end of life support received a plan of care tailored to their needs.
- The service had recently previously provided end of life care and support and ensured people were treated with dignity, respect and made to be as comfortable as possible.

- The registered manager told us, "Our carers provide smooth care. When we have palliative clients, we go and escort them [people] from the hospital. Make sure their home has everything they need so they can settle well. We use support from the nurse, it has been invaluable."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback on the working environment at the service and how staff wanted to provide people with complex care needs the best care possible.
- People and their relatives felt they could approach management at the service with ease. A relative said, "The registered manager is very helpful and supportive." Another relative said, "I've spoken to the lead nurse and they are helpful and very flexible."
- Staff provided a number of encouraging comments about working at the service. A member of staff said, "They [management] are friendly and welcoming, there is a sense of belonging. They acknowledge hard work and exceptional input from staff for [people]."
- Feedback from a health professional praised the registered manager, team leader and care team. They said, "I have found them all to be highly approachable and reliable in the delivery of care for [person]. The care plan is constantly updated in response to their changing needs"

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 responsibilities under duty of candour.
- The registered manager knew what needed to be reported to the CQC and the management team told us it was important to be open and transparent with all parties involved when things did not go as planned.

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

- Systems were in place to monitor the service and to support staff in knowing what was expected from them.
- Quality assurance audits were being performed in line with the service's policy and procedure.
- The operations manager performed an audit of the whole service, this included looking at recruitment, training, infection control, care plans, medicines audit, accidents and incidents, wound management, staffing and attendance and meetings with people and their relatives.
- Records confirmed spot checks were taking place and feedback was recorded. Outcomes of spot checks were good, and people and their relatives thought they were receiving a quality service.
- Expectations and performance were discussed during spot checks, team and office meetings. The progress of people's care was also discussed during team meetings. Records confirmed these were taking place.

- Staff we spoke with confirmed handovers were taking place and they believed this information was important to know how people had been during a previous shift and to be alert to any changes that could affect care delivery.

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

- People, relatives and staff were provided with opportunities to give feedback during reviews, spot checks and meetings.
- People and their relatives knew they could approach the management of the service whenever they felt the need to. Records showed relatives had sent in thank you cards to show their appreciation on the quality of care provided to their family member.

Continuous learning and improving care; Working in partnership with others

- Management and their staff were continually learning to ensure people received high quality care.
- The registered manager worked closely with local authorities, clinical commissioning groups and external trainers who provided specialised courses for staff.
- We received positive feedback from a brain injury specialist who provided support to staff at the service, they said, "The team are wholly client focused and tuned into the client's needs, they represent and advocate well for them in meetings. The Connect care team have been receptive to joint working and increasing their brain injury skills."