

Connected Health Limited

Connected Health Plus

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Connected Health Plus is a domiciliary care agency providing personal care to people living in their own homes. At the time of this inspection the service was supporting 49 people with personal care. Not everyone who used the service received 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.

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

People received their medicines safely and as prescribed. Staff had received training on this topic and their competency was regularly checked. Record keeping in this area had significantly improved since the last inspection and the provider had implemented quality assurance processes to check people were receiving their medicines safely.

Overall, the punctuality and duration of people's calls had improved since the last inspection and this was reflected in people's feedback. One person said, "At the moment, since about June or July, it's been a million times better and they're keeping to four times a day now." However, there were still some examples of variations in people's scheduled call times and durations and their actual times and duration. One person commented, "They're still often late and seem to have a steady stream of excuses." Staff rotas were both safer and more manageable since the last inspection and staff were no longer working excessive hours in order to cover calls. Staff were safely recruited by the service.

People and relatives said they felt safe with the staff. One person commented, "I feel absolutely safe because of their professionalism and their skills. All have been above and beyond." The provider had systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training and understood their role and responsibilities managing safeguarding concerns.

People and their relatives told us staff always wore the required personal protective equipment (PPE) when supporting them. Staff had received training on infection prevention and control and used personal protective equipment (PPE) in line with the national guidance. Some staff had been taking a lateral flow tests (LFTs) twice-a-week rather than a weekly polymerase chain reaction (PCR) test as per the national guidance for care at home services. The provider took immediate action during our inspection to ensure all staff were carrying out the correct type of test, clarifying that LFTs were supplementary to the required weekly PCR test.

People and their relatives were able to give feedback about their care. They spoke positively about the way staff had engaged with them and responded to any concerns they had since our last inspection. Comments included, "They're very nice and you can speak to them, they've really improved. I do get questionnaires asking about my views" and "Communication is excellent. I know where I am with them. We have a good rapport and trust. It's easier to call the contact number for the office now."

The provider had improved its quality assurance processes since our last inspection. However, further improvements were required to improve the robustness and efficacy of some aspects of these processes. The culture amongst staff at the service had improved. There was an increased focus and ability to provide people with safe and effective care that met their needs.

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 inadequate (published 3 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 3 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 and 28 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to address the multiple breaches of regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will work alongside the provider and local authorities to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Connected Health Plus

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector. Two Experts by Experience also assisted by carrying out telephone calls to gather feedback from people supported by the service and their relatives. 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2022 and ended on 13 January 2022. We visited the office location on 6 January 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from relevant local authorities and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 seven people supported by the service and five people's relative about their experience of the care provided. We spoke with 10 members of staff including the operations director, registered manager, care coordinator, compliance officer and care staff.

We reviewed a range of records. This included five people's support plans and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed.
- Staff had received training on this topic and their competency was regularly checked.
- Record keeping in this area had significantly improved since the last inspection and essential information relating to medicines, such as allergies, were appropriately documented.
- The provider had implemented quality assurance processes to check people were receiving their medicines safely. When issues were identified appropriate action was taken, such as additional training and support being offered to staff.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.. This was a breach of regulation 18 (Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Overall, the punctuality and duration of people's calls had improved since the last inspection and this was reflected in people's feedback. Comments included, "At the moment, since about June or July, it's been a million times better and they're keeping to four times a day now", "The carer stays the full time now and they're on time and they've never missed [a call]" and "Everybody seems to be more on the ball since the summer and everybody has been amazing."
- However, there were still some examples of variations in people's scheduled call times and durations and their actual times and duration. One person commented, "They're still often late and seem to have a steady

stream of excuses."

- Call compliance needed further improvements in both the punctuality and duration of calls and the robustness of the governance and oversight of this area.
- There were enough staff employed to support people safely and staff were no longer working excessive hours in order to cover calls.
- Staff rotas had improved and were both safer and more manageable since the last inspection.
- Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to protect people from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and relatives said they felt safe with the staff. Comments included, "I feel absolutely safe because of their professionalism and their skills. All have been above and beyond", "I certainly feel safe, and have never had a moment of concern" and "I can trust them all completely, they're lovely."
- The provider had systems in place to safeguard people from the risk of abuse and records showed staff took appropriate action when any such concerns arose.
- Staff received safeguarding training and understood their role and responsibilities managing safeguarding concerns.
- Accidents and incidents were appropriately recorded and responded to by staff. This information was regularly reviewed to ensure lessons were learnt when necessary.
- The provider had policies and procedures in place to help guide staff.

Preventing and controlling infection

- Some staff had been taking a lateral flow tests (LFTs) twice-a-week rather than a weekly polymerase chain reaction (PCR) test as per the national guidance for care at home services. The provider took immediate action during our inspection to ensure all staff were carrying out the correct type of test, clarifying that LFTs were supplementary to the required weekly PCR test.
- People and their relatives told us staff always wore the required personal protective equipment (PPE) when supporting them.
- Senior staff regularly updated staff on the latest information and guidance in relation to infection prevention and control (IPC).
- Staff were being encouraged to have their COVID-19 vaccination ahead of it becoming mandatory.
- Staff had received training on infection prevention and control and used personal protective equipment (PPE) in line with the national guidance.

Assessing risk, safety monitoring and management

- People's care plans contained the basic information and guidance staff needed to manage risks associated with people's care. However, these could be improved and made more detailed.
- Staff were confident they had the knowledge and skills required to support people safely.
- Staff were able to seek support and guidance from senior staff when needed via an on-call telephone system. This operated both during and outside of usual business hours.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

At our last inspection the provider had failed to implement robust and effective systems to assess, monitor and improve the safety and quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved its quality assurance processes since our last inspection and staff were in a significantly better position to be able to identify and respond to any areas for improvement.
- Senior staff, including the registered manager, carried out regular spot checks and audits to monitor staff practice. These processes were still in the process of being implemented and will take more time to become fully embedded.
- Call compliance and monitoring to ensure people received their care and support at the scheduled times had improved. However, further improvements were required to improve the robustness and efficacy of the provider's oversight of this area.
- The culture amongst staff at the service had improved. There was an increased focus and ability to provide people with safe and effective care that met their needs.
- The registered manager understood their responsibility regarding the duty of candour and promoted a culture of openness and transparency.

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

- The service had a registered manager.
- Staff had notified CQC of all significant events which had occurred, as is required.
- The provider had a range of regularly reviewed policies and procedures in place to help guide staff. Staff were able to access this information when needed and were signposted to any updates or changes in guidance.

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

- The provider had introduced new systems to gather people's and relatives' feedback about the service, such as care plan reviews, satisfaction surveys and telephone reviews.
- People and relatives gave positive feedback about the way staff had engaged with them and responded to any concerns they had since our last inspection. Comments included, "I have complained, and they've always rectified it", "They're very nice and you can speak to them, they've really improved. I do get questionnaires asking about my views" and "Communication is excellent. I know where I am with them. We have a good rapport and trust. It's easier to call the contact number for the office now."
- Staff said the changes in management since the last inspection had improved the service and they felt more supported in their roles. Staff also told us general communication and organisation, particularly regarding rotas, had improved.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals and local authorities since our last inspection to make necessary improvements to the safety and quality of service it delivered.
- We saw examples where staff had worked with other health and social care professionals to support and improve the health and wellbeing of the people they support.