

Care Connect UK Limited

Care Connect UK

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

Connect Care UK is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, 82 people were receiving support with personal care.

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

Not all risks were safely assessed and mitigated to maintain people's safety. Risk assessments had not been completed or reviewed for some people. Information was not always available to inform staff how to manage any identified risks. Medicines were not always managed safely. Records were not completed consistently to a high standard.

Systems in place to monitor the quality and safety of the service were not always effective. Some of the concerns found during the inspection had been identified by the provider's systems. However, this had not always resulted in a sufficient and timely response to help keep people safe.

The provider responded immediately after the inspection and provided an action plan to improve safety and quality.

People and relatives told us they felt care was delivered safely by staff who knew them. Staff were safely recruited and deployed in sufficient numbers to meet people's care needs. Safeguarding policies and procedures were in place to guide staff in their practice. Effective infection prevention and control procedures were in place, including those relating to COVID-19.

The previous registered manager left the organisation in December 2020. The provider was in the process of recruiting a replacement and reviewing management responsibilities. The directors of the company were providing governance and oversight on an interim basis. The provider recognised the value of regular communication with people using the service, relatives and staff. The provider acted in accordance with their duty and shared information in an open, honest and timely manner.

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

Rating at last inspection

The last rating for this service was good published on 23 January 2019.

Why we inspected

We received concerns in relation to the management of the service and staff training. As a result, we undertook a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well sections of the report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk management, the management of medicines and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and Local Authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

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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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 January 2021 and ended on 2 February 2021. We visited the office location on 26 January 2021.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also contacted the Local Authority and local safeguarding teams to gather their feedback.

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 two people who used the service and four relatives about their experience of the care provided. We spoke with the nominated individual, two company directors, two care coordinators and six care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Not all risks were safely assessed and mitigated to maintain people's safety.
- Risk assessments had not been completed or reviewed for some people. For example, one person's risk assessment was due for review in April 2020 and another was due in August 2019.
- When risk assessments had been completed, information was not always available to inform staff how to manage any identified risks. For example, one person experienced seizures but there was no guidance for staff on how to manage this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection and provided an action plan to improve the management of risk.

- Staff were trained to record incidents and accidents. However, the provider informed us that no incidents or accidents had been reported for the previous 12 months.
- People and relatives told us they felt care was delivered safely by staff who knew them. Comments included, "I get very anxious and I like to see the same people" and "They never leave me without anybody".

Using medicines safely

- Medicines were not always managed safely.
- Staff told us they completed medication administration records (MAR). However, records were not completed consistently to a high standard. We found a significant number of signatures were missing from MAR charts.
- Some MAR charts included medicines which were no longer prescribed.
- Staff completed medication training as part of their induction, but there were no recent records of competency assessments available to ensure they were able to safely administer medicines.

Failure to ensure the safe management of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had already identified some of the concerns and was in the process of reviewing all MAR charts.

After the inspection, they provided an action plan to improve the management of medicines.

Learning lessons when things go wrong

- The service did not always provide effective monitoring and oversight.
- Systems and records were not sufficiently robust to identify some concerns found during this inspection. This meant improvements in quality and safety were not always implemented.

Staffing and recruitment

- Staff were safely recruited and deployed in sufficient numbers to meet peoples care needs.
- Electronic records showed carers generally arrived on time and stayed for the full duration of the call.
- People and relatives told us care was provided by a consistent staff team. Comments included, "I get the same staff all the time" and "[Person] sees the same four or five carers"
- Out of hours cover was provided by a dedicated on-call team. Additional staff were placed on standby to cover any shortfalls.
- Relevant checks were undertaken to ensure staff were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to guide staff in their practice.
- Staff had undertaken training and were aware of procedures to follow if they had any safeguarding concerns.
- There had been no safeguarding concerns reported in the previous 12 months. During the inspection, the provider was made aware of a safeguarding concern and acted in accordance with policy to ensure the persons safety.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely.
- Staff told us they had enough PPE which was replaced as required. One member of staff said, "We go and pick PPE up on a Wednesday but if we run out, office staff will drop it off".
- People and relatives told us they felt COVID-19 was managed well by staff and told us they always wore PPE.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Systems in place to monitor the quality and safety of the service were not effective.
- Some of the concerns found during the inspection had been identified by the providers systems. However, this had not always resulted in a sufficient and timely response to keep people safe. For example, one person had significant risk from falls, but this had not led to a change of the person's risk assessment or care plan. In addition, records relating to staff training were stored in three separate systems. This made it difficult to monitor compliance with training required by the provider.
- Oversight was not always effective. For example, safety and quality audits were not regularly completed. This meant opportunities to improve safety and quality were missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The previous registered manager left the organisation in December 2020. The provider was in the process of recruiting a replacement and reviewing management responsibilities. The directors of the company were providing governance and oversight on an interim basis.

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

- The provider recognised the value of regular communication with people using the service, relatives and staff.
- Some systems were in place to gather feedback from people regarding their views of the service they received, but these had not always been responded to. Two people told us they had reported concerns to the provider and had not received a satisfactory response. We shared this information with the provider after the inspection.
- Senior staff completed regular welfare checks on people receiving care and their staff.

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

- The provider understood the value of a person centred approach which was reflected in the way staff

provided care.

- Staff told us they enjoyed their jobs and were well supported in their roles and could raise any concerns they had with office staff.
- People's continuity of care was prioritised to ensure it was person centred and promoted good outcomes for people.

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; Working in partnership with others

- The provider acted in accordance with their duty and shared information in an open, honest and timely manner.
- When concerns were identified with the previous management of the service, the provider contacted CQC to make issues known and outline their response.
- The provider has continued to engage with CQC and the Local Authority during the transition to a new management structure.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks were safely assessed and mitigated to maintain people's safety. Medicines were not always managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not effective.