

Care Connect Bury Ltd

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Inspection report

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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

Care Connect Bury Ltd is a domiciliary care agency that provides personal care to people living in their own homes and flats in the community. The service had moved to new premises since our last inspection and no longer operated as a partnership. People receiving care had different support needs; some people had long-term health conditions.

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. At the time of this inspection the agency was supporting 92 people; 59 people received personal care.

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

People told us they felt safe. Staff understood the risks to people's safety and wellbeing and what they should do to keep people safe. Staff knew how to identify and raise concerns about safety; they were confident management would take them seriously. Medicines were managed safely.

Systems were in place to ensure the right staff were recruited. People were supported by enough staff who were inducted into the service with relevant training. The provider worked with other healthcare professionals for the benefit of people using the service.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE). The provider had infection control measures in place and staff told us guidance and advice from management during the COVID 19 pandemic had been very good. People confirmed staff wore PPE.

Staff respected people's privacy and dignity. Core teams of staff supported the same people as much as possible. This meant staff knew the people they cared for well. People's care records were in place and reviewed regularly to guide staff on how to assist people safely and encourage their independence.

Policies and procedures were in place to guide staff on how to keep people safe and what they had to do if they had concerns. The registered manager, supported by the nominated individual, could monitor standards of care delivery with a range of quality checks and audits. There was good use of technology to help with this. Regular supervision of staff was a priority for the service. Feedback about the service was good, although people felt communication could be improved. Complaints procedures were in place and any concerns had been responded to appropriately.

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

The service was previously registered as Care Connect Homecare Services. It was last inspected at different premises and was rated good, published 21 January 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Connect Bury Ltd on our website at www.cqc.org.uk.

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 ●

Care Connect Bury Ltd

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

The inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives to gather their views on the service. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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 30 May and ended on 15 June. We visited the location's service on 31 May 2022. An Expert by Experience carried out telephone calls to people and their relatives on 7 June 2022.

What we did before 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 five people who used the service and nine family members about their experience of the care provided. We spoke with and received feedback from four members of staff on site, including the registered manager and the nominated individual.

We reviewed a range of records. This included four people's care records and medication records. We looked at three 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 reviewed.

After the inspection

We spoke with four care staff over the telephone to seek their views of the service. We continued to seek clarification from the provider to validate evidence found and reviewed evidence requested and provided electronically.

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. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and documented within care plans and on electronic systems.
- Staff we spoke to were aware of the individual risks posed to people, including falls risks, and outlined how their practice helped reduced these risks.
- People and their relatives told us they felt safe using the service. The service had implemented technology and used this well to help keep people safe. One person said, "I have regular carers who come to support me, and I feel perfectly safe with them; they really know what they are doing."

Staffing and recruitment

- Staff were recruited safely. Any gaps in staff's employment history were explored at interview and reasons for these were formally documented.
- There had been some staffing shortages during the COVID 19 pandemic. The provider had worked with people and their relatives to try to ensure people continued to receive appropriate levels of support.
- Feedback from people and their relatives indicated there had been some delays with calls during the pandemic but these had rarely been missed. One relative said, "We have never had a missed call. They can be delayed a bit sometimes."
- Staffing levels were appropriate for the number of people supported at the time of this inspection. One member of staff told us, "It's manageable; I don't feel under pressure."
- The provider recruited safely by acquiring references and completing Disclosure and Barring Service (DBS) checks prior to staff starting in their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks were repeated at 3 yearly intervals, as per best practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm by the staff team. Staff had received training in safeguarding and safeguarding concerns were raised in a timely manner.
- Staff provided us with examples of when they had raised concerns with the registered manager.
- Staff were confident all concerns raised were acted upon and resolved. Staff also understood the need to raise concerns about poor practice to keep people safe.

Using medicines safely

- People were supported with their medicines safely. Where medicines errors occurred, they were

investigated, and appropriate actions taken.

- People and relatives told us they received appropriate support with their medicines.
- Staff had received training in the administration of medicines. Staff medicine competencies were checked to ensure they were safe to complete this task.
- Administered medicines were recorded on a mobile phone application. Relatives were given the option of having access to the application so they could check this. One family member told us, "It's all done on their phones on an app. I have been given access to it and there haven't been any problems."

Preventing and controlling infection

- People and their relatives told us they had no concerns about infection control and staff wore suitable personal protective equipment (PPE). One person told us, "They (carers) wear their gear (PPE) and they seem to be forever changing their gloves."
- Staff followed suitable infection control procedures to keep people safe.
- The provider's infection prevention and control policy was up to date. We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- There was evidence of learning lessons when things went wrong.
- The registered manager identified where practices could be improved and implemented change as a result of lessons learnt.
- Staff understood the need to record and report any information to the registered manager so that this could be escalated if warranted.

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 for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs prior to care starting.
- Information was used to put a comprehensive, person-centred care plan in place to guide staff on meeting people's needs and preferences.
- Electronic systems and paper-based care plans were updated as and when changes happened; for example, when medication was altered or when people's needs were noted to have changed.

Staff support: induction, training, skills and experience

- New staff benefitted from shadowing and working with long-standing, experienced members of staff. Staff told us they did not work unsupervised until they were comfortable to do so.
- Staff completed a thorough induction. Staff had received training in whistleblowing as part of their induction and were comfortable in raising concerns about bad practice.
- A training room had been created at the main office and staff had access to equipment and resources for practical training exercises. People and relatives told us they felt staff had the right skills to support them.
- Supervisions with staff to review their practice and discuss future development were a priority for the registered manager following the COVID 19 pandemic. Although supervisions had been less regular staff we spoke with felt fully supported in their role.

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

- People were supported to eat and drink to maintain a healthy diet, especially when required as part of their care plan.
- Any specific dietary needs were documented in care records and provided guidance for staff; for example, if people had any food allergies or were diabetic. One person told us, "I am an insulin diabetic, so they (carers) keep an eye on me; they have never had to call a GP or ambulance."
- Staff knew to offer people choice when preparing their meals. One staff member told us how they recorded the food they offered onto a mobile phone application and said, "I always keep track on [the] planner what I've prepared for them." This helped ensure people received a variety of meals.

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

- The management and staff team worked closely with other agencies, such as the GP and community nurses, to support people to receive effective care.

- The service contacted health professionals for advice and guidance with people's consent. Any advice or guidance in relation to people's care was recorded within their care plans.
- Staff supported people to access healthcare professionals and services such as to the hospital and their GP.

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.

- The provider had an awareness of the principles of the MCA and a policy was in place to support this.
- Systems were in place to obtain consent from people to provide care and support.
- Staff understood the principles of the MCA. They had completed training to support their awareness of the MCA and best interest decisions; this enabled them to provide person centred care

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. At this inspection 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 and their relatives were well treated by kind and caring staff who respected people's individuality. One family member told us, "They (carers) always make sure I am ok too. We are both getting on now and I am the main carer when they are not here."
- Staff told us they were not rushed and had time to interact with people, providing meaningful care.
- Consistent and regular carers treated people with kindness, respect and compassion. One person said, "I think they are very kind, respectful and caring towards [relative]. She certainly couldn't be on her own at home without their support."

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

- People were involved in making decisions about their care. Face to face reviews of care involving people and their relatives were a priority for the registered manager following the COVID 19 pandemic.
- People's choices were listened to and respected; people were supported to express their views.
- People told us they were involved in decisions about their care and were given choices regarding the support offered to them. One relative said, "I think the carers do a good job; [relative] would soon tell me if she was unhappy."

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with utmost dignity. A family member told us, "I do see a complete difference in [relative] since the carers have been coming. She is far more confident in herself and her recovery is going well."
- Staff respected people's dignity, privacy and encouraged independence. One relative told us, "They (carers) did help [person's name] with personal care when they first came out (of hospital) but he is a very independent man, so he does all that himself now." Another said, "[Person's name] is still very switched-on and the carers encourage that too. It allows her to stay in her own home and she appreciates that."

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. At this inspection 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 received personalised care and support. This was in accordance with their preferences and choices. One relative told us, "The main carer knows that [person's name] likes to have her hair washed and dried twice a week, so that never gets forgotten."
- People's care routines were available for staff via a mobile phone application. Staff we spoke with confirmed hard copy care plans were also in people's homes.
- There was good detail recorded within communication notes for relatives and messages left for other carers; this meant people received appropriate care. A staff member told us, "Communication is key. We are a team and leave notes for each other. This benefits the person."
- Staff knew people's needs well and had people's best interests at heart.

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.

- People's communication needs were met. People's care records contained information about their preferred ways of communicating.
- Staff were aware of people's individual communication needs and tailored the care to the person.
- One relative told us, "[Person's name] is blind and she has arthritis, but they (carers) seem to have found a way to communicate with her. She would say if they didn't."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were available to support people to stay in touch with those who were important to them, and to follow their interests, where this was an agreed part of their care.
- People and their relatives were grateful for the support they had received during the pandemic. This had helped to ease their isolation. One person told us, "You know, it (the service) just carried on through all the Covid; I'm grateful."

Improving care quality in response to complaints or concerns

- The provider had systems in place to deal with and respond to any complaints or concerns raised.
- People knew how to complain. Information about how to make a complaint was made available to people and their relatives.
- One person outlined how they had raised concerns about the number of carers coming to provide support. This was resolved by the registered manager with the allocation of a local carer. The person told us, "She (carer) is a real gem. She will do anything she can to help me and comes six days per week."

End of life care and support

- At the time of this inspection, the service was not supporting anyone with end of life care.
- The registered manager told us people had been appropriately supported at the end of their lives, with assistance from other health care professionals.

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. At this inspection 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.

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

- There was an established management structure in place and staff understood their roles and responsibilities. The owner, who was also the nominated individual, was on-site daily to assist the registered manager and to maintain oversight of the service.
- A range of governance and quality assurance systems were in place. This was to ensure care being delivered was safe and effective. These included checks on care calls, medicines and care plans.
- Policies and procedures were in place. These were provided by an external company but were bespoke for this service.
- The provider understood their responsibility to notify external agencies, including CQC, about notifiable incidents.

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

- Staff valued and promoted people's individuality and protected their rights. Positive outcomes were achieved; people gained confidence and improved as a result of support from staff.
- The management team also used spot and competency checks on staff to monitor care being provided. Face to face checks had been less regular during the COVID 19 pandemic, but there had been regular telephone contact with the people they supported and staff.
- Staff told us they felt comfortable to speak to the registered manager about their role and the care being provided.

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

- The service sought feedback from people and staff through formal and informal means such as the use of surveys, telephone calls and chats. People confirmed they had given feedback, but this had been mainly verbal. One person commented, "I think I do remember them asking me what I thought of it all (service). I certainly have no complaints."
- People and relatives told us the management team were always available to speak to.
- Feedback about the management team was mainly positive. There were occasions when people and their relatives felt communication from the service could be improved. For example, when an alternative carer

was covering or when a call might be delayed, and we relayed this back to the registered manager. One person said, "I think on the whole they do a good job; just perhaps some improvement on their communication with people when they get delayed."

- Staff felt fully supported and listened to. They were extremely positive about the management team and described them as, "Very supportive"; "Accommodating", and "Wonderful". Management had gone "The extra mile", to help staff during the pandemic.

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 and provider were aware of their regulatory and legal responsibilities.
- The management team understood their responsibility regarding the duty of candour; this includes the need to apologise in writing when something goes wrong.

Continuous learning and improving care

- The service had invested in technology to help improve the delivery of care.
- Calls were monitored in real time and this enabled the service to be more responsive when this was necessary.

Working in partnership with others

- Staff had established good working relationships with other professionals involved in people's care. This included district nurse teams, social workers and local GP services.
- The owner of the service recognised the benefits of partnership working.
- They attended meetings held by the local authority and worked closely with commissioners to ensure people received the right care.