

Caring Connections Limited

Caring Connections

Inspection report

Unit 15, Ashcroft Road
Knowsley Industrial Park
Liverpool
L33 7TW

Date of inspection visit:
07 November 2019
11 November 2019
13 November 2019

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27 November 2019

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

Caring Connections is a domiciliary care agency. The service provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. There were 47 people receiving personal care at the time of the inspection.

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

There were processes in place to protect people from the risk of abuse and harm. Risks people faced were identified and control measures were in place to keep people safe. The recruitment of staff was safe, and people were supported by the right amount of suitably skilled and experienced staff. Medicines were used safely. There were systems in place for reporting accidents and incidents and learning from them.

An assessment of people's needs, and choices was completed and a care plan on how to meet their needs was developed. The plans provided clear instructions for staff on how to provide effective care and support to people and they were kept under review. People's needs were met by staff who received good support and the training they needed for their role. People's dietary and healthcare needs were understood and met.

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.

People were treated with kindness and their privacy, dignity and independence was promoted and respected. Staff had formed trusting and positive relationships with people and their family members. People openly expressed their views and opinions and they felt listened to.

Care plans were personalised, they included people's expressed wishes and preferences about how their care and support was to be provided. People told us they received personalised care and support. People knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

The registered manager and provider promoted a positive and person-centred culture. There was good partnership working with others to meet people's needs and to further develop the service. Staff were acknowledged for their work and they felt well supported and valued. The quality and safety of the service was continuously monitored and improvements were made in a timely way.

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

Rating at last inspection

This was the first inspection of the service since it was registered with us on 13 October 2018.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC on 13 October 2018.

Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

Caring Connections

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

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the CQC. 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people available to speak with us.

Inspection activity started on 07 November and ended on 13 November 2019. We visited the office location on 07 November 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also contacted local authority commissioners and asked them for

their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We visited the registered office and spoke with the registered manager, the registered provider, three office-based staff and two care staff.

We visited two people in their homes and their family members. We also spoke on the telephone with two staff, two people and five people's family members about their experience of the service.

We looked at five people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to protect people from the risk of abuse. Staff had completed safeguarding training and they had access to safeguarding information and guidance.
- Staff knew the different types and indicators of abuse and how to report any safeguarding concerns and they were confident in doing so.
- People told us they felt safe with staff and trusted them. Their comments included; "Oh yes I feel safe with them [staff]" and "Very safe indeed." Family members told us they were confident that their relative received a safe service. One family member told us; "Absolutely safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed and guidance was in place for staff to follow to minimise the risk of harm to people and others.
- The service operated an out of hours on call system and had a business continuity plan to manage unforeseen situations.
- All staff were issued with an identification (ID) badge and people confirmed that staff always made them visible on entering their homes.
- Staff followed safe procedures when entering and leaving people's homes.

Staffing and recruitment

- People received care and support from the right amount of suitably skilled and experience staff.
- People told us the right amount of staff attended their homes. They said staff were mostly punctual and always stayed with them for the full duration of their contracted call. A family member confirmed that two staff always attended their relatives' home in line with their needs.
- The recruitment of new staff was safe. Applicants suitability to work with vulnerable people was checked before they were offered a job.

Using medicines safely

- Where people required support with their medicines this was safely managed.
- Medicines management policies and procedures and other best practice guidance was available to staff. Staff with responsibilities for the management of medicines were trained in this area and underwent regular checks of their practice.
- Medication administration records (MARs) detailed people's prescribed medicines and instructions for use and staff completed them correctly.

Preventing and controlling infection

- Staff had completed training in the prevention and controlling of infection and had access to policies and procedures and other guidance to help support their practice.
- Staff followed good practice guidance to minimise the spread of infection. People told us staff used personal protective equipment (PPE) when assisting them with personal care and always left their home clean and hygienic before leaving.

Learning lessons when things go wrong

- There was a system in place for recording any accidents and incidents which occurred at the service and for learning lessons to help prevent the risk of these issues reoccurring.

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.

This was the first inspection for this newly registered service. This key question has been rated 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

- People's needs, and choices were assessed before they used the service, to make sure they could be met.
- Outcomes for people and how they were to be met were agreed with them and where appropriate relevant others. Staff followed professional guidance to achieve good outcomes for people.
- People told us their care plans accurately reflected their needs and choices and that staff followed them correctly. Their comments included; "They [staff] are marvellous, they do everything spot on" and "What they need to do for me is all in there [care plan] and I'm happy with it."

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to carry out their role effectively.
- Staff completed an induction on commencing work at the service and continued with an ongoing programme of training relevant to their role and people's needs. Staff commented; "The training is very good" and "We get a lot of training."
- People and their family members told us they felt staff were good at their jobs and were well trained. Their comments included; "They [staff] do a fantastic job" and "I think they are well trained for their job."
- Staff told us they felt well supported. Their learning and development needs were discussed at regular one to one meeting and their performance was assessed through spot checks to observe their practice when out in the community.

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

- Where it was required as part of their care package, people received the support they needed to eat and drink and maintain a healthy and balance diet.
- The level of support people needed was recorded in their care plans along with any special dietary requirements, aids and adaptations for eating and drinking.
- Staff followed professional guidance when supporting a person who was at risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged.
- Any support people needed with their healthcare needs or with accessing other healthcare professions was recorded in their care plan.

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 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.

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.

- No person using the service had any authorisations in place to deprive them of their liberty.
- Staff had completed MCA training and had access to information and guidance to help support their practice. They understood people's right to make decisions unless assessed as otherwise.
- Staff obtained people's consent before providing them with any care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans included important information staff needed to know and do to respect people's lifestyle choices. This included people's habits, routines and religious and cultural beliefs.
- People told us staff were kind and caring. Their comments included, "They [staff] are very kind and caring. They do things right for me," "They [staff] know what's important to me and they show me a lot of respect" and "They [staff] are very polite. They always say hello and ask me if I'm ok when they first come in."
- People told us they received visits mostly by the same staff and they had formed positive and trusting relationships with them. One person said, "They [staff] are like my family. It's not all about what they need to do for me, we have some lovely chats over a cup of tea." A family member told us; "The relationship [relative] has with staff is beautiful."
- We heard examples where staff had shown kindness to people by going above and beyond their duties. One person told us; "[Staff name] gets me my newspaper every day, they don't have to do that" and a member of staff told us they shopped in their own time for a person they supported.

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

- People were given opportunities to be involved in their care and express their views through care reviews, home visits and regular telephone contact.
- People and family members told us they felt involved and that their views and opinions mattered. Their comments included, "I'm always asked what I think and if there's anything I'd like done differently. "The office staff visit me and check if things are going ok" and "Communication is very good. There is always someone to speak to about [relatives] care and they always seem to listen."
- The service provided people with information about independent advocacy services and other support services who they could access if they needed independent advice and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy and dignity. Their comments included; "They take a lot of care when helping me to wash, they keep me covered as much as possible" and "Before taking me for a wash they check the bathroom is warm and make sure all my things are in there."
- Staff encouraged people to maintain their independence. Care plans included the things people liked to do for themselves and people told us staff encouraged and respected their independence. One person told us; "I am very independent and like to do as much as I can for myself for as long as I can, and they [staff] know that."
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 needs, and choices were clearly set out in their own personalised care plan. Staff accessed care plans using an electronic device and each person had a written copy in their home.
- Care plans instructed staff on how best to meet people's needs to achieve the intended outcome in a way the person preferred.
- Care plans were regularly reviewed and quickly updated following any changes in people's needs or at their request.
- The service worked flexibly with people in meeting their needs. People told us they had no difficulties rescheduling visit times when they had needed to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Information was available in different formats where this was required.
- Staff explained information to people and their family members where this was needed to make sure they understood the care and the options available to them.

Improving care quality in response to complaints or concerns

- People and relevant others including family members were given a copy of the providers complaints procedure.
- People and others knew how to complain should they need to and were confident that any concerns or complaints would be listened to and quickly dealt with. Their comments included; "Oh yes I'd definitely complain if I needed to. I was given information to help me do this" and "I am confident they would sort things out."
- There had been one complaint made to the service since it was registered. This was dealt with promptly and action was taken to improve the service in response to the complaint made.

End of life care and support

- No one using the service at the time of the inspection was receiving end of life care. However, staff had completed end of life care training and they demonstrated the skills and knowledge they needed to provide this level of care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and provider promoted a positive culture which was person centred and inclusive.
- People were involved in planning their care and support and they experienced good outcomes.
- The provider presented staff with awards in acknowledgment of their hard work and commitment to their job. Staff told us they enjoyed their job and felt well supported, listened to and valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a clear understanding of their role responsibilities in line with regulatory requirements. They knew when to notify CQC about incidents and events which occurred at the service.
- Staff had a good understanding of their roles. Their performance, learning and development was monitored through observations and regular discussions with the registered manager and provider.
- The registered manager and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service.
- There had been no incidents at the service since the service had been registered. However the registered manager and provider understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, family members and others were provided with opportunities to provide feedback about the service through surveys, review meetings, and on the providers website.
- Regular staff meetings were held which enabled staff to meet as a group and share any learning and development and receive any updates about the service.
- The service was open and inclusive and fully considered equality characteristics. It had been recognised as Disability Confident Committed and was registered with the Information Commissioners Office (ICO). The ICO is the independent regulatory office in charge of upholding information rights in the interest of the public.
- There was a positive approach to working in partnership with others including commissioners and health

and social care professionals. Health professionals had been involved in providing training and advice to staff.

- People were provided with information and support to access other services within the community. For example, services to improve their health and wellbeing, counselling and bereavement services.
- The provider continuously developed and improved the service. They had signed up to various schemes who provide support and guidance to help improve services; including the UK Home Care Association (UKHCA) and Knowsley Chamber.

Continuous learning and improving care

- There were systems in place for checking and improving the quality and safety of the service. Complaints were also used as an opportunity to learn and improve the service.
- In addition to their own checks the provider had commissioned an independent consultant to carry out checks on the quality and safety of the service.
- Action plans were developed for areas identified as needing to improve and the actions were completed in a timely way.
- The registered manager and provider completed training and continuously sourced information to update their knowledge and learning. The registered manager was soon to commence a Masters of Business Administration (MBA) to further develop their skills and knowledge around the running of the service.