Connie's Care Services Ltd

Connie's Care Services Ltd

Inspection report

57 Church Drove
Outwell
Wisbech
Cambridgeshire
PE14 8RH

Tel: 01945774250

Date of inspection visit:
15 December 2017
21 December 2017

Date of publication:
05 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection visit to the provider's office took place on 15 December 2017 and was unannounced. Phone calls to people who used the service and their relatives were carried out on 15 December 2017 and a visit to one person's home was undertaken on 21 December 2017.

Connie's Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 13 people were using the service which provides care to people in both Norfolk and Cambridgeshire.

The service had a registered manager in post. They were also the owner of the business. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were recruited safely but staffing levels meant that some people had missed calls and scheduling of calls sometimes meant that people could not receive all their agreed care hours. A small staff team of allocated carers provided consistent care to people and feedback on individual carers was positive.

There were systems in place designed to help protect people from abuse. Staff understood their responsibilities to report concerns if they suspected someone was being abused. The registered manager had not notified CQC of a significant safeguarding matter.

Risks to people's health and safety were assessed and managed well in most cases. Staff required better understanding of the risks associated with pressure care. Staff understood their role in reducing the risk of infection and worked in accordance with best practice.

The provider carried out a detailed assessment of people's needs and enabled them to be involved in decisions about their care and support.

Staff received the training and the formal and informal support they needed to carry out their roles. The provider needed better procedures for sharing important information about people's needs between staff. We understand that new systems have been put in place since our inspection visit.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures that people's capacity to consent to their care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process. People consented to their care, although some records needed review or clarification. Some staff did not have a record of further training in MCA and had only covered this in their induction.

Staff supported people to manage their eating and drinking and other healthcare needs and worked in partnership with other healthcare professionals. However, staff were not working in line with one person's care plan which had been put in place by a healthcare professional.

Staff treated people with patience, warmth and kindness and relationships were good. Staff respected people's privacy and maintained their dignity. People were encouraged to be as independent as possible and staff saw this as a priority.

People received person centred care which met their individual needs and preferences. Staff treated people as individuals and were committed to ensuring that people received their care in the way they chose.

A complaints procedure was in place but no formal complaints had been logged. There was not always robust recording to show what action had been taken in response to informal complaints.

There was no structured system of audits in place, although the registered manager regularly spoke with people directly about their care when carrying out spot checks of staff.

The provider demonstrated that they needed a clearer understanding of some aspects of the role of regulation. They also needed to consider the culture of the service as we received some mixed feedback about their management style, with some people finding it confrontational. The registered manager did not always robustly address staff poor performance in a way that drove improvement.

During this inspection we identified two breaches of regulation in relation to staffing and to the leadership and governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing did not always ensure people received their care calls at the agreed time.

Systems were in place to protect people from abuse, although the provider had not notified CQC of one significant safeguarding matter.

Risks to people's safety were assessed but staff did not always follow care plans intended to reduce these risks.

Staff understood their responsibilities regarding infection control.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider involved people, and their relatives if appropriate, in assessing their needs. Systems for handing over information needed to be improved but we understand a new system has been put in place since the inspection.

Staff received the training they needed to carry out their roles effectively and worked with other professionals to support people with their health needs.

People consented to their care, although some records needed review. Some staff did not have a record of training in the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People who used the service praised the caring nature of the staff and staff interacted with people warmly and with kindness.

Relationships were good and staff listened to people and respected their choices.

Staff maintained people's privacy and dignity and promoted independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received person centred care which met their individual needs. Written care records did not always document people's needs comprehensively.

A complaints procedure was in place and people knew how to make a complaint. Some informal complaints had not been documented to demonstrate what action had been taken.

Staff received training in supporting people with end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager supported their staff well and encouraged them to provide feedback but other stakeholders were not asked for their opinion of the service.

The provider did not fully understand all of their responsibilities with regard to the regulation of the service. Performance management of staff needed to be more robust and the registered manager needed to address some concerns over their confrontational manner.

Connie's Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 December 2017 and was unannounced. We carried out phone calls to people who used the service on 15 December 2017 and visited one person in their own home on 21 December 2017.

One inspector carried out this inspection.

Before the inspection we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We visited one person who used the service and spoke to three others and two relatives by phone. We also spoke with the person who was in day to day charge while the registered manager was on holiday and three care staff. Before the inspection we spoke with one relative and one adult social care professional who gave us feedback. We looked at three care plans, five staff files and records relating to the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

People trusted staff to keep them safe. One person who used the service described how they found the care calls very reassuring saying, "I feel more comfortable." Although happy with the quality of the care provided, some people also gave us some negative feedback about staffing. Three people commented that visits had been missed. One person said, "There have been a few spots of bother with people not turning up. For the last three months it's been a lot better." Another person told us, "Missed call? Yes – two or three times. Nobody said anything….about a month ago." A third person commented, "The biggest trouble is insufficient staff. People [call in] sick. I am renowned for being forgotten...three times that I know of. I know it sounds terrible but I've given up complaining."

People also commented that, if staff were running late, people were not always informed about this. One person said, "If they're half an hour late in traffic they don't ring you and let you know." Another person said, "We worry about them [the staff] if they don't turn up. They say they can't tell us directly and ring us." People who used the service were appreciative that sometimes carers were delayed either due to traffic or because someone needed some extra care if they were unwell. However, all felt they would like to be informed when the carer was going to be significantly late.

We looked at rotas for three members of staff for the last three weeks. We noted that there were times when the provider had scheduled one person's call to start before the end of the previous person's call. For example, one staff member had a thirty minute call scheduled for 19.15 and the next call was scheduled for 19.35. We saw that there were ten other occasions in the three week period when this occurred. This was also the case with the two other staff but to a lesser degree. This meant we could not see how the provider ensured that people received all the care hours they needed and were paying for, at the agreed time.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Staff were recruited safely and the provider checked people's identity, work history, references and eligibility to work in the UK. However we did note that one staff member's two year gap in their employment history had not been investigated fully. The provider also carried out checks with the Disclosure and Barring Service (DBS) to ensure potential members of staff had no history of criminal convictions which would make them unsuitable or unsafe to work in this kind of service.

There were other measures in place designed to keep people safe from abuse. Staff were provided with relevant training and told us about how they would ensure people were kept safe from abuse. They were able to recognise possible signs that someone was being abused. Staff were not all clear about how to escalate their concerns outside of the organisation, to CQC or the local authority for example. However all were clear that they would report abuse to the registered manager.

The provider had not made any recent safeguarding referrals and had previously failed to notify us of a significant safeguarding issue which affected the service. However, the manager in charge on the day of our inspection, demonstrated that they were now aware of the kinds of concerns which would need to be

formally referred to CQC or the local authority for investigation.

Care plans contained risk assessments and we saw that these covered a variety of risks including safe moving and handling, fire safety, finances, eating and drinking and taking medicines. One person's risks relating to a particular health condition was well understood by staff, although information about this was very brief in the person's home. People who used the service told us that staff always worked in accordance with the risk assessment when helping them with their mobility. If a risk assessment stated two carers should assist, people told us this always happened. One person said, "Yesterday somebody was sick. The other one [carer] arrived but they wouldn't come in on their own. They waited until a replacement came so there was two of them."

Some risks were not clearly recorded and were not well understood by staff. For example, one person was cared for in bed and had a pressure relieving mattress in place to reduce the likelihood of them developing a pressure sore. This mattress had various settings which were dependent on the person's weight. A care plan was in place from the local NHS trust. It stated that staff would need to check the mattress was correctly inflated. We asked staff what the correct setting was and they did not know. They also told us the mattress had been deflating recently and they had reported this but nobody had been out to check. We asked if they kept a check of the person's weight and they were not aware of what it was. We noted that the mattress was on a maximum setting and was very hard. The person told us it was not comfortable and we could not be assured that the mattress was on the correct setting to make sure they did not develop a pressure sore.

The service's medication policy made it clear that staff did not offer active support for people to take their medicines. We found that people managed their medicines independently, with only limited prompting or physical support from staff. However, care plans did not clearly document people's abilities and needs related to their medication. We observed staff supporting one person to take their medicines independently and saw that they offered sensitive prompting and told us, "We just like to make sure [they've] taken them." Although staff were not currently administering medicines we saw that some staff had received medication training and would be able to provide this support if required. Where medicines had been administered in the past we saw that staff's competency to do so had been spot checked and recorded.

Staff were trained in infection control and demonstrated good practice when we observed them supporting a person in their own home. There were plentiful stocks of personal protective equipment such as gloves, aprons and hand sanitiser available for staff and we observed staff stopping by the office to stock up. The registered manager carried out spot checks of staff and this included an observation of whether staff were following good infection control practice.

The service did not have a recognised procedure in place for reviewing and investigating safety incidents and near misses. However staff understood the importance of recording significant incidents and of informing the provider so that they had accurate oversight of the service.

Requires Improvement

Is the service effective?

Our findings

People who used the service were positive about the way staff supported them with their needs and felt that staff had the training and skills needed. One person, whose relative had previously been cared for by another provider, told us, "Connie's carers are wonderful….[My relative] is enjoying a better quality of care." They went on to explain, "[My relative] can walk and they have been practising getting [them] out of the chair. A review is planned and we have a communication board in the kitchen. It's a two way thing….We have a good feeling about [the service]. We know the carers."

Each person had received a comprehensive assessment of their needs before a service was provided to them and people trusted the provider. We saw that assessments considered the whole of a person's life and not just their specific care and support needs. Once people began to receive a service a care plan was developed from the original assessment. Care plans were stored electronically in the office with a limited amount of handwritten information in each person's home. Staff told us this was a sometimes a problem. One staff member said told us that staff sometimes relied on verbal handover of information from carer to carer and confirmed that they felt there was a slight gap in the system. They said, "It's usually the same people doing the care and we tell each other. There are no notes."

The provider told us that they intended to introduce a new electronic care planning system which would enable staff to have access to the whole care plan and see any changes or updates immediately. Since the inspection visit the provider has informed us that this system is now in place.

When new people began to use the service the registered manager ensured that all staff were told about their needs. One staff told us, "[The registered manager] asks you to come in and go over all their needs. She makes sure we see what social services information has been faxed over." Another staff member seconded this saying, "We get the low down on what they need and how they like it. They do it in a meeting with all of us. If we have new person we read through the care assessment. It's detailed."

Staff communicated well with each other and with external professionals such as district nurses, GP matrons and occupational therapists. Staff demonstrated a reasonable knowledge of the work other healthcare professionals were doing with the people who used the service. However we did identify that staff were not following one care plan put in place by an occupational therapist relating to a person's pressure care.

We considered whether the service was operating in line with the Mental Capacity Act 2005 (MCA).The MCA ensures that people's capacity to consent to their care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved. This aims to ensure that any decisions are taken in people's best interests according to a structured process.

We found that people's capacity to consent to aspects of their care had been assessed and people had signed to record their agreement for this care to be provided. Staff received training in the MCA as part of

their induction, although some staff records we saw had no record of any further training related to MCA. The registered manager supported one person to manage their money and do their shopping. We saw documents which the person had signed to give permission for this to happen and these had been regularly reviewed. The document also stated that the local adult social care department had sanctioned this but details were not entirely clear in the records. Similarly staff told us that another person, who had been assessed as being at an increased risk of fire, had agreed to measures to reduce this risk. However, records did not confirm that the person consented to this arrangement. The registered manager has assured us that they will address this.

People who used the service, and their relatives, were mostly positive about the skills and competency of the staff. Two people felt the staff needed to be more proactive in the way they provided care and thought this was due to inexperience. One person felt some staff needed to be told very directly exactly what was required but commented, "Others are more sensible – they know what needs doing."

Records showed that staff undertook a comprehensive induction when they first took on their caring role. A variety of relevant training was provided for people and one member of staff told us they had felt very well supported by the provider. They told us, "It is really good. There have been times I haven't known what to do but [the registered manager] is always there. They are more 'hands on'. A man comes to do the moving and handling training. He doesn't let you leave without you knowing what you need to know. They make sure you know it."

We saw that staff had undergone training in a variety of topics including food hygiene, safeguarding, fire safety, first aid, diabetes, moving and handling, health and safety, infection control and personal care. The most relevant training was refreshed each year to ensure staff were working in line with current best practice. Some staff had specific training such as end of life training and training related to continence care. Staff received regular supervision sessions and attended staff meetings to receive feedback and benefit from peer support. The staff we spoke with described themselves as feeling well supported by the provider. An annual appraisal system was also in place to review staff performance.

Staff provided support for people with their eating and drinking needs. One person relied on the registered manager to buy their food and we saw that there were plentiful stocks of suitable foods in their home. Where people needed special diets we found that staff had a good understanding of this and worked in partnership with local healthcare professionals to support people's dietary needs. At the time of our inspection staff told us they were not able to see records of what a person had eaten in previous days as the records were not available to them. This meant they would not be able to identify any particular trends with regard to a person's eating and take prompt action. The registered manager has assured us that the new electronic care plan, introduced since the inspection, now enables staff to have a much better overview of people's eating and drinking.

We found that people were well supported with their healthcare needs. We saw examples of where staff had cared for a person with a pressure sore. Good records, such as body maps, were in place and their condition improved and was soon resolved. Care plans clearly identified the kind of support people needed with their health and people told us the staff helped them manage their health needs well.

Good

Is the service caring?

Our findings

People who used the service, and their relatives, were positive about the kind and caring approaches of the staff. One person who used the service said, "[The staff] are lovely – much better than the ones I had [before]…They treat me like I'm their mum!" A relative told us, "[My relative] gets on very well with the girls and they all love [my relative]! They are all very kind." A staff member commented, "We have to give people what care our family would have. We have boundaries. We are not family. We need to keep professional."

Staff respected people's choices and preferences. Care records set out how people liked to receive their care and support and included specific details. Care plans recorded that people had been asked about their care and they had signed them to demonstrate their agreement. The provider had asked people if they wished to be cared for by a staff member of a particular gender and where they did, this was respected. People were encouraged to feedback about their care and raise any issues related to it. One person told us that they had discussed with their regular carer exactly how they wanted their care to be provided. They said, "I tell [them] directly what I want. I talk to [them]."

People received care from a small team of regular staff they had got to know well. This helped to ensure people received consistent care from staff who understood their individual needs. We observed this was the case on our visit to one person's home. Staff demonstrated a good relationship with the person they were supporting and caring for and knew their needs well. They were very mindful of promoting the person's independence as they were fully aware how important this was. One staff member said, "[Person's] very particular…[They're] a very independent [person]." Another member of staff commented, "We're not there to take people's independence away – otherwise they'll lose what they can do".

Staff undertook equality and diversity training as part of their core training. We observed staff working respectfully with regard to people's privacy and dignity, especially when providing personal care. People told us staff ensured people were covered up as much as possible and asked if they were comfortable. People were encouraged to be as independent as they could with their personal care. One person said, "I can wash my hands and my face for myself but they wash my legs and feet as I can't. Yes they do maintain my dignity."

Requires Improvement

Is the service responsive?

Our findings

People told us they received care and support which reflected their preferences and met their needs. Before people received a service they had a detailed assessment of their care needs and a full care plan was drawn up following on from this. Care plans included the person's relevant history, likes and dislikes and other information to help and guide staff to give person centred care. For example one care plan stated that staff should 'promote conversation'.

We found that staff knew people well and delivered care and support in line with people's needs and preferences. For example one care staff member told us, "We know little things like we have a [person] called [X] but we know they like to be called [Y]." They went on to talk about one person who used the service saying, "[Person] has lost some of their confidence recently…it's important we notice things like that."

Assessments and care plans gave staff a good overview of people's needs. Care plans were reviewed to try to ensure they contained the most accurate information. The plans we saw had last been reviewed on 31 July 2017. As stated elsewhere in this report, some information was not easily available to staff while carrying out their care duties. Information available to staff in people's homes was not robust. For example, one person, who was nursed in bed, had no written information about their moving and handling needs in their care records in their home. However, a new system has since been implemented and the provider has assured us that this enables staff to be able to check for information on people's care needs more easily.

Staff were aware of people's very specific needs and preferences relating to their care. We noted that one person only ate from a particular bowl which staff ensured was washed up and ready for the next meal before they left the person's home. They also made sure they set out the remote controls in a particular way as the person had requested this. These preferences were not written in any care record that we saw. However, staffing for this person was consistent and the person was able to speak with staff about their wishes.

A complaints procedure was in place and each person had been given information about how to make a complaint. The service had received no formal written complaints and the manager in charge on the day of our inspection outlined how these would be dealt with if they did. They also told us that one person had phoned with a concern and this had been recorded on their record. They were not able to show us any details of this informal issue. We had also received feedback from another person who used the service, saying that they had raised concerns about missed calls but there was no evidence of this in the complaints folder. The manager in charge on the day of our inspection told us that a person who used the service had made a complaint about a particular member of staff not talking to them during the care visit. They told us they had addressed this with the member of staff concerned but there were no records relating to this for us to review. We were not fully assured that the service's complaints procedure was as robust as it should be.

The service was not providing end of life care at the time of our inspection but staff received training in end of life care and this had been provided in the past. Training was designed to ensure that staff would be able to provide end of life care in partnership with other healthcare professionals should this become necessary

in the future. Where people had specified that they did not want to be resuscitated in the event of a cardiac arrest this information was recorded and filed in care records in their home so staff could easily refer to it if needed.

Requires Improvement

Is the service well-led?

Our findings

The owner of the business was the registered manager. Feedback from people who used the service, relatives and staff was mostly positive about the leadership of the service. People found the registered manager and the manager in charge in the day of our inspection, to be approachable and responsive to their concerns. One person who used the service said, "[They] are very nice and easy to talk to." A relative described them as being, "Very approachable." Another relative echoed this saying, "You can get hold of [them] and they have not let us down." However we also received some negative feedback about the attitude of the registered manager. Some people, including staff at the Care Quality Commission, found this to be confrontational and this did not help develop an open and positive culture at the service.

Staff told us they felt well supported and were encouraged to share ideas, informally or during staff meetings. One staff member said, "We have staff meetings quite often. We have had some discussions and that's the place to sort things out. [The registered manager] goes round the room and she asks people individually." However, we also received some negative feedback about staff not always being able to get hold of the registered manager or her deputy when they needed them. Relatives who had contacted us prior to our inspection had also raised this point.

The registered manager had very clear expectations of her staff and carried out frequent random spot checks of staff to ensure they were meeting her standards. These checks covered a variety of topics including whether staff had their ID badges on; whether they were wearing the correct protective equipment such as gloves and aprons and whether they displayed respectful attitudes. Where staff fell short of expectations, these checks were repeated to find out if staff had improved. Although this was excellent practice we noted that poor performance at these checks was not always followed through with robust action to ensure the person improved. Sometimes a number of final chances were offered to a member of staff through the disciplinary process. Whilst this demonstrated a willingness to continue to support and develop a member of staff it did not assure us that the registered manager was always giving enough consideration to the people who used the service.

The provider did not carry out feedback surveys with people who used the service, although the frequent spot checks and regular reviews of care gave people a chance to feedback any concerns they might have. Feedback was not sought from other stakeholders such as local healthcare professionals and relatives.

There was no formal audit of the care delivery in place and we did not find the provider to be proactive about driving improvement within the service. However the business was quite small and the provider was very much involved in delivering care. They told us they were able to monitor the quality of the service in this way. Communication with relatives and families was good and the provider was confident that they would be alerted to any quality issues quickly.

The registered manager had an understanding of their responsibilities with regard to notifying CQC of significant information and working within the regulations, although a recent safeguarding matter had not been notified to us.

These combined issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service did not have a formal written business continuity plan. However, the manager in charge during our inspection explained measures that they put in place to ensure that people received a service during unexpected incident like poor weather or when large numbers of staff were off sick at the same time.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to evaluate and improve their practice with regard to the monitoring of the service, the mitigation of risk, maintenance of a complete record for each person and seeking and acting on feedback. Regulation 17 (a), (b), (c) and (e).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of staff were deployed to meet people's needs. Regulation 18 (1).