Care2Connect Ltd

Care2Connect

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
Care2Connect is a domiciliary care agency providing care to people living in their own homes. At the time of inspection, the service was providing personal care to 120 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was not always safe and well led. The provider did not have robust systems for people to share feedback or raise concerns. People did not always experience responses to concerns they raised.

People and their relatives did not always find the service to be well organised. Rosters had been planned one day in advance so people and their relatives were left unclear about how care calls would be fulfilled.

Communication about changes to the organisation and care calls was not always timely. Late and missed calls were not always notified to people, leaving them concerned about whether they would receive a call.

People felt safe with care staff and appreciated their friendly, respectful approach to support.

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 04 June 2019).

Why we inspected
We received concerns in relation to a period of insufficient staffing leading to the involvement of the local authority to support the delivery of people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. Please see the safe and well-led sections of this full report.
Following our inspection the provider took steps to review their processes to identify areas for improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care2Connect on our website at www.cqc.org.uk.

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 and will take further action if needed.

We identified a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 from 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Care2Connect

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 team consisted of two inspectors who visited the service and one inspector who sought feedback from people by telephone.

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

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 not a registered manager in post.

Notice of inspection
We gave the service notice on the morning of the inspection. This was because we wanted to ensure there would be someone available at the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 visited the service on two days 29 March 2022 and 7 April 2022. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the Chief Operating Officer, a regional manager and seven care and office staff. We received feedback from the local authority involved in directly supporting the service.

We reviewed a range of records. We looked at four staff files in relation to recruitment and staff supervision. We looked at 11 people's care plan records and spoke with nine people and relatives about their experience of the service. We reviewed a range of policies, training data and quality assurance records.

After the inspection
We sought assurances from the nominated individual about how staffing would be planned and that systems for management oversight would be reviewed and improved.

Requires Improvement

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

Learning lessons when things go wrong

- The provider had no active system in place which enabled concerns to be understood and responded to and for lessons to be learned and shared with staff.
- There was no log or record of complaints received by people, relatives or the public, either under the previous or current provider.
- People told us they had raised complaints and concerns about gaps in scheduling, late calls and lack of communication from the service.

One person told us about being 'fobbed off' when asking for a review of needs, the review did not happen. Other people told us the quality of care staff was good but they were upset that their concerns were not responded to.

- People told us they had either not been given access to the complaint process or had not been told who they could contact in the office to raise a complaint.

The provider did not have a robust system in place to receive, record and respond to complaints. This is a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- At the time of our inspection the service had experienced a period of critical staff absence which led to some care calls being missed or delayed. The provider did not communicate with people or the local authority at the earliest opportunity to manage the risks of neglect.
- The local authority supporting the service to carry out care calls found that some electronic medicine records could not be accessed when needed and some people missed their required medicine. Following this the provider sent a written apology to people who used the service.
- Staff had received training to recognise and respond to signs of abuse and neglect. Staff understood their responsibility to report abuse and neglect and were confident how to do this when required.
- People using the service and relatives we spoke with told us, apart from the recent critical incident, they felt safe and well cared for by care staff.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments and plans which reflected their individual circumstances for how risks should be managed with them. However, care plans were not being audited regularly and we found some errors and information which needed updating

● There was a system for tracking missed and late calls but no system for tracking or reviewing when people had declined care and support tasks to identify patterns of risk or concern.

Staffing and recruitment

● Recruitment processes were robust and staff were safely recruited to the service.
Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The service had undertaken these checks before staff worked with people.
● A recent recruitment plan had brought six new care staff to the service, these staff were undertaking appropriate induction training and shadowing before working independently.
● The provider had reviewed their staffing level to ensure there was a sufficient number of care staff. They were working with the commissioning authority to review the number of people they had capacity to support.

Using medicines safely

● Staff who supported people with medicine administration had received appropriate training to do so. Staff felt supported with refresher training and were confident to seek additional training if required.
● Medicine administration records (MAR) were regularly audited and any errors were recorded and responded to.
● People who were supported with their medicine felt confident about the knowledge and competence of care staff.

Preventing and controlling infection

● There were effective systems in place to prevent and control the spread of infection.
● Staff were trained to carry out safe practices and people told us staff always wore personal protective equipment (PPE) appropriately.
● The provider ensured there were enough supplies of PPE, cleaning and hygiene products for staff to access.

Requires Improvement

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 has changed 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

- There was no contingency plan in place for other parts of the organisation to access and support this branch's electronic systems in the event of an emergency. As a result, the provider's out of area managers brought in to provide support could not log into or operate the service's records or electronic systems.
- Staff had mixed experiences of support and supervision, some staff did not feel well supported and had not received regular supervision.
- There was no service improvement plan in place at the time of inspection. The provider had not identified areas which required improvement or formed a plan or quality monitoring process to drive improvements. We asked the provider to send us an initial improvement action plan to address the issues found during inspection and we received this.
- Feedback was not routinely sought from staff, or people who use the service, to inform the provider about necessary changes and improvements.
- We found that rosters were only planned one day in advance which meant the provider could not be sure they could meet people's care needs over the coming week. People told us they had received an apology from the provider following the incident. Some staff told us the rostering system had not been well managed, one carer told us, "We were basically planning our own schedules."
- The service did not have clear leadership. Staff and people who used the service were not clear about the current management structure or who was managing the service. Care staff did not always feel well supported by managers or know who was in charge.

The provider had failed to ensure there were robust systems in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded during and after the inspection. Roster systems and accessibility to electronic records were reviewed. The provider started to plan weekly rather than daily rosters and told us they took steps to ensure electronic records could be accessed by other managers in the organisation.

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

- The provider had not actioned a robust system for seeking feedback about the service from staff, people who used the service or their relatives. There were no records of staff or service users feedback surveys for

several years and this had not been addressed by the new provider. People told us it was often difficult to contact staff in the office and there had been no feedback survey or process to formally feedback about their care.

● People and their relatives very much valued the care staff who supported them but did not experience a timely communication of late or missed calls. This led to people worrying about whether they would receive their call or not.

● Care staff worked in a person-centred way. Staff told us they were committed to supporting people's independence wherever possible. People and their relatives praised care staff for being caring and supportive. People and relatives told us, "The carers are lovely.", "They [carers] come in the door and are so happy. The air is lightened, and everyone chats."

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

● People who used the service and their relatives had been contacted by the provider with an apology after the recent critical staffing incident. Most people told us they had previously been happy with the direct care they received. They described satisfaction with their care staff but that schedules were not always reliable.

● The provider had not effectively communicated with staff or people who used the service when the service was bought in November 2021. This left some staff and people uncertain about the future of the service and what changes were planned.

Working in partnership with others

● The service worked with local pharmacy and district nurses to monitor people's health and medicine needs.

● People's records showed that health referrals and advice had been sought when care staff found people needed support with this.

● People who used the service and their relatives found care staff to be attentive to their needs, to support their access to health and medicine requirements when this was needed.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not have a robust system in place to receive, record and respond to complaints.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were robust systems in place to monitor the safety and quality of the service.