

Care Connections Ltd

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Inspection report

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Tel: 07932084444

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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 Connections Ltd provides care to people in their own homes in Gloucester and the surrounding areas. The service is provided to people who have a range of needs including a learning disability, mental health needs, physical disability and age related frailty. At the time of our inspection, 14 people were receiving a service from Care Connections Ltd.

This inspection took place on 5 January 2017. The service was last inspected in November 2013 and there were no breaches of regulation at that time.

There was a registered manager at the service. 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.

People received a service that was safe. People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns. There were enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these. Where people needed help with medicines, they were protected from risks because medicines were safely managed.

The service provided was effective. Staff received the training, supervision and support required to effectively meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. Where people required, staff supported them to eat and drink. Staff ensured people received assistance from other health and social care professionals when required.

People received a service that was caring. People received care and support from caring and compassionate staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result. People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service was well-led. The registered manager and senior staff provided effective leadership and management. They had clear visions and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals. Staff, people and their relatives spoke positively about the registered manager. Quality assurance checks and audits were occurring

regularly and identified actions required to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe from harm because staff were aware of their responsibilities and, knew how to report any concerns.

Risks to people were assessed and action taken to manage these.

There were enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff.

Where people needed help with medicines they were protected from risks because medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Where people required it, staff provided the care and support needed to ensure they ate and drank enough.

Staff ensured people received assistance from other health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People received care and support from small teams of caring and compassionate staff who knew them well.

Staff provided the care and support people needed and treated

them with dignity and respect.

People and, where appropriate, their families were actively involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support.

The service identified people's needs and provided a responsive service to meet those needs.

People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective leadership and management.

There were clear visions and values for the service.

Staff, people and their relatives spoke positively about the registered manager.

Quality assurance checks and audits were occurring regularly and identified actions required to improve the service.

Care Connections 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.

This inspection took place on 5 January 2017 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. Questionnaires had been sent to staff and health and social care professionals by CQC. We used the responses received to aid our planning of this inspection.

We contacted four health and social care professionals who had been involved with the service. This included community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. You can see what they said in the main body of this report.

We spoke with four people using the service about their experiences with Care Connections Ltd. We also spoke with three family members of people using the service by telephone. We spent time at the provider's office talking with staff and looking at written records. We spoke with three staff and the registered manager.

We looked at the care records of the four people using the service, five staff files, training records for all staff, staff duty rotas and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe using the service. One person said, "I feel safe with the ladies who come to see me". Another person said, "They (the staff) are excellent. They do their best to help me to stay safe at home". Relatives said they felt staff kept people safe. Health and social care professionals told us they felt people were kept safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they suspected people were at risk of abuse or abuse had taken place. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Where safeguarding issues had arisen, these had been reported to the local authority and Care Quality Commission. Concerns had been managed appropriately to minimise the risk of repeat events.

The service also had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert the registered manager about poor practice. Staff told us they felt confident in the ability of management to address issues appropriately.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in. The risk assessments were clear and contained guidelines for staff. For example, where people were supported with their medicines, there was a clear risk assessment around this. Other risk assessments covered areas such as personal care, mobility and environmental risk assessments. Staff told us they had access to risk assessments in people's care records and ensured they used them. There was evidence that the risk assessments and management plans were regularly reviewed.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The registered manager monitored the hours people received through a call monitoring system and we saw people were provided with the staff time identified in their care plans. The registered manager told us they endeavoured to ensure people always received their care calls and if they were short staffed, an on-call system was used where the registered manager or other staff would cover the shift. People we spoke with confirmed that they received their support as had been agreed in their contract. One person said, "I always have someone visit me. If there is a problem they will always call me".

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. The registered manager told us if people had declared any past convictions, these would be risk assessed to ensure they were suitable to provide care and people's safety would not be compromised. References were obtained from previous employers. Recruitment procedures were

understood and followed by staff; this meant people using the service were not put at unnecessary risk.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow.

Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people, they had signed to record the medicines had been given. Staff had their competence reviewed bi-annually to check they were still managing medicines safely.

When providing care, staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons.

Is the service effective?

Our findings

People said their needs were met by well skilled staff. One person said; "They (staff) are very skilled at what they do". Relatives said they felt staff were skilled and able to provide the care and support required.

The registered manager informed us all new staff were required to complete the care certificate. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competence in.

Staff received an induction when they first started working at Care Connections Ltd. The registered manager told us new staff members had shadow shifts to enable them to learn from established staff. These shifts would be at different times of the day and night to ensure staff had experience of working all shifts required. The registered manager told us there was no fixed schedule for the number of shadow shifts a new member of staff had to complete. They told us staff competence and confidence would continually be assessed throughout the induction process. Staff would move on to an assessment shift when the registered manager or senior felt they were competent during the shadow shifts. The registered manager said each new member of staff would have an assessment shift before they started to work alone with people. The registered manager explained this was a shift where the registered manager would observe the staff member who would take the lead throughout the shift.

The registered manager told us new staff would also have an induction pack which they needed to complete to ensure they had completed core training and had the right levels of skill for the role. This would need to be signed off by the registered manager before staff completed their induction.

Staff had received appropriate training to meet people's care and support needs. The registered manager confirmed training was provided through face to face classroom based approaches. The registered manager told us they accessed training through external providers such as the local authority. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid and fire safety.

Staff received regular supervision from either the registered manager or deputy manager. These were recorded and kept in staff files. The registered manager told us one to one supervision occurred quarterly. The registered manager told us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with said they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The registered manager and staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity

to make their own decisions, and respected those decisions. People and, where appropriate relatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People who required assistance to help them communicate effectively had plans in place for staff to follow. Staff were knowledgeable of these and able to explain how they helped people to make their views known and, develop their independence.

Where people needed assistance with eating and drinking, this was documented in their care records. This detailed the support people required and how their food and fluid intake was to be monitored. We saw records were maintained and regularly reviewed.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and had contacted people's GP's and other health and social care professionals when required. As a result, people had received assistance from a variety of professionals. We saw support plans had been put in place as a result of this. Staff said they provided care and support in accordance with these plans. Comprehensive records were kept of contact and communication with health and social care professionals.

Is the service caring?

Our findings

It was evident that people were cared for with compassion and kindness. Staff wanted people to be happy. People we spoke with told us staff were caring. Comments included; "I'm well looked after" and, "They take good care of me". Relatives also said staff were kind and caring. One relative described the staff as being 'kind, caring and compassionate'.

When speaking with staff, it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect. This was also evident when speaking with the registered manager. They provided care and support to people in addition to carrying out their management roles. People, relatives and staff all commented the manager was caring and provided a good role model for staff.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. A variety of systems were in place to ensure people were supported to give their views and to make choices and decisions regarding their care and support. These included reviews of people's care over the telephone and in person. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received. Professionals we spoke with told us they were contacted and involved in reviewing the care needs of people.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. People told us this was important to them. One person told us how they liked to manage parts of their personal care independently and staff enabled them to do this.

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language and religion. It was clear from talking with the staff that they understood the values of the service and, recognised the importance of ensuring equality and diversity was promoted. Staff demonstrated a good understanding of dignity and respect. Staff informed us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care.

People and relatives told us they would recommend the service to others. Care staff spoke with pride about the service provided. One relative said, "I think the staff all do a good job".

Staff recognised and promoted the involvement of family and friends. People told us they felt this was important. One relative told us how staff would ensure they contacted them if they had any questions about their family member. People told us they could always contact the office and discuss any issues with them.

Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred and, wherever possible, based on care plans agreed with people. People's needs were assessed and care plans completed to support them. Staff said the care plans held in people's homes contained the information needed to provide care and support. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Plans included; emergency information and contact sheets, an assessment of need and an agreement to the care and support provided. The care plans detailed how the person was to be supported in all aspects of their lives.

Care plans were regularly reviewed at set times and also when people's needs changed. People and, where appropriate, their families and relevant professional were involved in these reviews. Reviews of people's needs were clearly documented in people's care plans. For example, one person's personal care needs had changed and their care plan was reviewed and updated to reflect their changing need.

People's care was planned to meet their needs. For some people this involved providing mainly personal care and support with healthcare appointments. For others, this involved supporting people to engage in a variety of activities. Where this was the case, activities were planned and took into account people's hobbies and interests. Activities people undertook were recorded in their care records along with a brief summary of how it had gone. Staff said this helped them learn what went well for people and what didn't go so well, so they could plan more effectively.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs during the assessment process prior to receiving a service from Care Connections Ltd. The registered manager also told us they used evidence from health and social care professionals involved in the person's care to plan their care. One relative informed us how they felt the registered manager had carried out a thorough assessment of the person's needs which included the involvement of the person, their family and professionals involved in their care.

An up to date policy on comments and complaints was in place. A record of complaints received was kept at the agency's office. There was also an easy read copy of the policy available. Each person also had a copy of the complaints policy and complaints form in their file. There had not been any formal complaints made regarding the service in the 12 months prior to our visit. The registered manager told us they valued feedback and saw this as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

The registered manager told us they had received compliments about the service provided. We did not see any evidence of these. A record of compliments received would recognise good practice and provide positive feedback for staff.

We recommend the provider reviews their system for recording feedback received.

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed, and the service promoted in the best possible light.

The registered manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Care Connections Ltd was based around providing person centred care to people and, support people to remain safe and well cared for in their own home. People and their relatives said they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

People and relatives spoke positively about the leadership and management of the service. Comments included; "The manager is great" and, "I can speak to them whenever I need to". Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "The manager is excellent, always very prompt to reply to any queries".

Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. These audits were carried out as scheduled and corrective action had been taken when identified. Surveys had been sent out to seek the views and opinions of people using the service. The views and opinions had been collated and analysed by the registered manager. In addition to quality checks by the registered manager, there were also quality checks carried out by the local authority and Gloucestershire Voices. The feedback following the audit was positive with all of the people who were interviewed saying they felt they received a good service.

The registered manager told us that in order to ensure the staff were providing good quality care; they would carry out random spot checks on staff. The registered manager would also take some time during these visits to talk to people receiving care to obtain their views about the carer. The staff informed us they found this beneficial as it meant the registered manager was able to identify any developmental needs for the staff and these could then be explored during formal supervision.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.