

Connie's Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Connie's Care Services Ltd is a home care service that was providing personal care to four people in their own homes at the time of the inspection. All four people received the regulated activity of personal care.

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

The registered provider had not adhered to conditions imposed by the Care Quality Commission (CQC) to keep people safe from the risk of abuse. The necessary checks had not been made to ensure that staff working at the service were of good character. Improvements had been made to staffing levels which has resulted in more people receiving their care visits in line with their preferences. Staff understood good practice in relation to infection prevention and control. Risks to people when receiving care and support had been assessed and care records detailed any mitigating actions staff should follow. Staff did not have a good understanding of the external bodies that they could raise safeguarding concerns to.

Staff had received training and supervision to aid them in their duties however, spot checks of staff's competence and skills was informal and not recorded. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff had completed training in the Mental Capacity Act 2015 but were unable to demonstrate they understood the principles of this key legislation. Staff were clear that they always gained people's verbal consent before providing support. Staff had a good understanding of how to support people with their nutrition and hydration needs, including where people had a health condition that made this a risk to their wellbeing.

People told us the staff were kind and caring and promoted their independence. They also said they were treated with dignity and respect, and able to contribute their views and wishes. However, Care records did not identify that people had the opportunity to express a preference of gender of staff that supported them. People were involved in the planning and delivery of their care. People were aware of the complaint's procedure in place and felt confident any concerns would be dealt with. Where appropriate, the provider had worked with people to discuss their preferences for end of life care.

The quality assurance systems were inadequate as they had not identified the shortfalls we found during our inspection and did not ensure people were always kept safe. The provider did not understand their statutory obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to providing access to registered locations for CQC inspectors when required, and ensuring imposed conditions were adhered to. We found that the provider failed to deliver a care service that was safe, effective or well led. This put people at continued risk of harm.

Rating at last inspection and update

The last rating for this service was Requires Improvement (5 June 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and

by when to improve. At this inspection, enough improvement had been made in relation to a breach of Regulation 18 (Staffing). However, we identified further shortfalls and the provider was still in breach of Regulation 17 (Good governance). We also identified a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 19 (Fit and proper persons employed).

We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

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

Enforcement

We have identified breaches in relation to staff recruitment, safeguarding people from the risk of abuse and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Connie's Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service is owned and operated by the registered provider, who is also registered with the Care Quality Commission as the manager of the home. 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.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or their representative would be in the office to support the inspection.

Inspection activity started on 4 June 2019 and ended on 13 June 2019. We visited the office location on 4 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection-

We spoke with the registered provider who is also the registered manager via telephone before the inspection, however they were on holiday and unable to be present for our inspection. The provider arranged for a senior carer, who ran the service when the provider was on leave to meet us at the office building. We spoke with all four members of the care staff team. We spoke with two of the four people who received care from the service and made observations of staff delivering support to them. We looked at all four people's care records. A variety of records relating to the management of the service, including policies and procedures, staff recruitment and supervision records, staff rotas and quality audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke again via telephone to three staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- In July 2017, the Care Quality Commission (CQC) imposed an urgent condition on this provider under section 31 of the Health and Social Care Act 2008. This condition was imposed to help ensure people were safe from the risk of abuse. During this inspection we identified the provider had not ensured this condition had been adhered to, which meant they are in breach of this condition. We found no evidence that people had been harmed, however this breach increased the risk of harm to people.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was enough information in people's care records to guide staff to keep them safe. Staff gave us examples of how they used this information to support people.
- People's records contained enough guidance on how to manage and mitigate any risks to their safety. This included risks to people from their complex health conditions, or risks from the household environment.

Staffing and recruitment

- Robust checks of staff's suitability to work with vulnerable people had not always taken place during the recruitment process. The last employee to be recruited, did not have a reference from their previous employer, gaps in employment history were not explored, and there was no record of any interview that should have taken place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure sufficient staff were deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of Regulation 18.

- The provider had recruited enough staff to meet the support needs of people. We reviewed records that showed calls to people were not missed, and on time. The provider used an electronic monitoring system to check this.
- People told us staff were rarely late, and if they were, they received a call to inform them of any delay.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had undertaken safeguarding training and could explain to us their responsibilities in recognising the various forms of abuse people were vulnerable to.
- Staff were clear they would raise any concerns directly to the provider without delay. However, staff were not aware of the statutory external bodies, such as the local authority or the CQC, that they could also raise concerns to. It is essential that staff know all the statutory bodies they can contact to raise concerns.
- The provider's safeguarding policy and procedure contained out of date contact details for the local authority safeguarding team. The staff notice board did not contain any contact details for the CQC or local authority safeguarding teams, should they need to raise a concern. We brought this to the attention of the provider, who took action to address this without delay.

Using medicines safely

- People using the service did not require staff to administer medicines for them. However, some people needed assistance from staff with being prompted to take them or having them brought to within reach. Staff were clear of their role in doing this and care plans clearly identified the level of support people needed.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control and had received training in this area. Staff were able to access supplies of personal protective equipment.
- Staff told us the provider had high standards in ensuring staff prepared food for people in a hygienic manner. The provider undertook frequent spot checks of people's kitchens where staff prepared food for them.

Learning lessons when things go wrong

- Staff could explain to us in detail how they would report any incidents or near misses to the provider. They gave us examples of how they would expect any changes to be made and communicated to them. The service was very small and there had been no incidents since our last inspection that required a review.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff we spoke with told us that they had received training in the MCA, however could not describe the principles of it, or how they applied these to their daily work. Staff did not have knowledge of best interest decisions or how a person's capacity was assessed, which are important elements of consenting to care and treatment.
- Staff were however clear that people had the right to refuse care, and they always sought people's consent before providing them with support. People supported by the service had all been deemed to have capacity to consent. We saw that people had completed documents and had signed to consent to the support they received.

Staff support: induction, training, skills and experience

- Staff told us they had received enough training and supervision to provide people with effective care. However, records to show staff competency had been checked, including observations of their practice by the provider, had not been completed. The provider told us they would act to address this.
- People told us staff had the skills and experience required to support them in the way they wanted. They told us they felt reassured that the provider came and carried out observed checks of staff carrying out their duties.
- Staff new to the service received a comprehensive induction and support before they provided care to people on their own.

- The provider used an external accredited trainer to deliver face to face training for all staff, who told us they found this style of training more beneficial than on line e-learning.

- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.
- Staff delivered care and support effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- People who received this support told us it was completed in line with their needs. People told us staff were good at cooking or preparing the food they wanted. We observed staff giving people options of what they could prepare for them.
- Staff understood the importance of making sure people ate and drank enough to meet their individual needs. Where people needed a specific diet to manage a health condition, staff all had detailed knowledge of what this entailed for the person and when it should be provided.

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

- Staff working at the agency were long standing and knew people well. Staff could promptly identify when people`s needs changed and seek professional advice. We saw evidence of this in peoples care records, for example arranging for a GP to visit a person when they were not well.
- Staff demonstrated they had a good understanding of people's individual health needs. They told us, and records showed, they worked with healthcare professionals when required such as GPs or district nurses, to help people maintain their health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- At this inspection we saw that staff were kind and caring towards people, however, we identified that the provider had not acted in people's interests as they had failed to ensure conditions imposed on them were adhered to. This meant that people were not always treated with respect or treated well.
- People told us staff were kind, caring and treated them very well. One person told us, "Anything they do for me, they do from the kindness of their hearts."
- People told us they were supported by a small team of carers who knew them well. They also told us staff were consistent and had supported them for several months or years.
- The staff we spoke with demonstrated they knew the people they supported well. This included people with any protected characteristics under the Equality Act.

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

- People told us they were able to express their views about how they wanted their care and support to be delivered. They also said the provider actively involved them in contributing too and making decisions.
- Records we reviewed showed people were able to express their views through surveys and face to face meetings to review and discuss their care provision with the provider. Staff told us they always involved people in day to day decisions and choices when providing support. Our observations of staff providing support confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated they understood how to protect people's privacy and dignity, for example when providing them with personal care. People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Records relating to people's care were kept confidential.
- People told us they felt listened to. Staff knew how people liked to be addressed and called people by their preferred name or title. We observed staff knocked on doors and waited for a response before entering people's homes.
- We saw during our observations that staff promoted people's independence and patiently gave people prompts to be involved in their care. People were not rushed or put under pressure, staff gave people all the time they needed to help themselves where they could. Care records had been written to promote people's independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- Improvements had been made to the systems used to plan, record and review people's care. Plans were laid out in a clear, consistent and organised format. They contained useful information for staff to use when providing care and support to people. For example, we saw detailed information about how a person was supported to get out of bed in the morning.
- People and their relatives had been involved in the initial assessment of their needs and preferences. We saw these had been regularly reviewed and updated.
- People's preferences about how they received their care were clearly detailed for most areas, however, preferences as to the gender of carer they received support from was not. People we spoke with told us they were happy to receive support from all five members of the staff team, which was made up of female and male staff. Following our feedback, the provider told us they would amend their records to show people's agreed consent and preferences relating to this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (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.

- Connies Care Limited was not providing support to anyone who required an alternative format of information at the time of our inspection. The information provided to services users, such as the service user guide, was provided in a format suitable to the needs of people.

Improving care quality in response to complaints or concerns

- None of the people we spoke with had ever made a complaint or raised a concern, however, they all felt confident that if they did make a complaint it would be dealt with quickly.
- The provider had systems and policies in place that clearly detailed the processes people would need to follow to raise a concern, and the timescales in which they could expect a response.

End of life care and support

- People's plans in relation to their end of life care were sought as part of the initial assessment process.
- Where people wished to discuss this with staff, their wishes had been identified and recorded.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had 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. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- In July 2017, the Care Quality Commission (CQC) imposed an urgent condition on this provider under section 31 of the Health and Social Care Act 2008. It is a regulatory requirement that registered providers adhere to the conditions of their registration. During this inspection we identified the provider had not ensured this condition had been adhered to, which meant they were in breach of this condition. We found no evidence people had been harmed, however this breach increased the risk of harm to people.
- The provider did not fully understand the requirements relating to registered providers to allow access to registered locations for the purposes of inspection and regulation. The day before our inspection on the 3 June 2019, we telephoned the provider to announce our visit and arrange to meet them at the registered location. We were told by the provider they were on holiday, and that no one would be available to give us access until the 28 June 2019. They told us they were not prepared to arrange for someone who was running the service in their absence to meet us there, including after the inspector explained the statutory requirements relating to the access of registered locations to them. The provider later contacted the inspector to inform them they had made arrangements for access on the date that had been requested.
- We identified further breaches of the regulations at this inspection in relation to the safe running and good governance of this service. This further demonstrated that improvements needed to be made.
- The providers informal system of quality assurance checks had not identified the shortfalls that we saw during our inspection, for example, incomplete recruitment records and staff performance checks had not been recorded.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their individual roles and responsibilities.
- The provider had displayed the rating of our previous inspection which they are required to do.
- Improvements had been made to the monitoring systems since our last inspection. The provider had invested in an electronic monitoring system that showed them staff punctuality and allowed them to quickly identify missed or late calls so that they could take action. We saw that people's care plans and records had been regularly reviewed, and changes made where required, and communicated to staff. The provider regularly undertook quality assurance visits to meet service users and carried out spot checks of staff performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider knew all the service users well and had regular face to face contact with them. They regularly undertook spot checks and satisfaction visits to people. These were informal and often not recorded in detail, however, people told us they liked this approach and did not want to complete surveys.
- People we spoke with told us they were happy with the care and support they received from Connie's Care Limited, and that the provider was approachable and responsive to any feedback they gave.
- Staff told us they enjoyed strong team work and good morale, they also said they felt supported by the provider.

Working in partnership with others

- The provider had developed good working relationships with other services such as the NHS, Local Authority and housing associations to support people to receive the care they required, particularly when people did not have relatives involved in their support.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure a condition imposed to keep people safe from the risk of abuse was adhered too. Regulation 13 (1), (2) and (3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 (Good governance)</p> <p>The provider failed to ensure that conditions imposed on its registration were adhered to. The provider did not fully understand the requirements relating to registered providers to allow access to registered locations for the purposes of inspection and regulation. (1), (2) (a) and (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 (Fit and proper persons employed)</p>

The provider failed to ensure that the requirements set out in schedule 3 of this regulation were met. Regulation 19 (3) (a).