Copper Connect Care UK Ltd

Copper Connect Care

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This comprehensive inspection took place on 25 October 2018 and was announced.

Copper Connect Care was registered with the Commission on 3 October 2017 and has not previously been inspected.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection, one person was using the service.

The service had a registered manager. 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 on-going support from staff that knew how to identify, report and escalate suspected abuse. Staff received safeguarding training to keep people safe. Risk management plans were comprehensive and gave staff clear guidance on managing identified risks. They were regularly reviewed to reflect people's changing needs.

People received their medicines as intended by the prescribing pharmacist. Staff were aware of the correct procedure to follow in the event of a medicines error.

People were protected against the risk of cross contamination as the provider had systems and processes in place to safely manage infection control.

Sufficient numbers of suitable staff were deployed to keep people safe. Staff received on-going training to enhance their skills and knowledge and were given regular opportunities to meet with the registered manager to reflect on their working practices.

Staff were aware of their roles and responsibilities in line with the Mental Capacity Act 2005.

Staff were aware of the importance in ensuring people received sufficient amounts to eat and drink that met their dietary needs and requirements. People were supported to access healthcare professional services as and when required.

People's dependency levels were documented, and support was provided in such a way that encouraged people to maintain their independence. Staff were aware of the importance of maintaining people's confidentiality, only authorised personnel had access to confidential documentation.

People's care, health, medical and social needs were documented in individualised care plans. Care plans were reviewed and reflected people's changing needs. Thorough service needs assessments were undertaken to ensure people's needs could be met by Copper Connect Care.

Activities provided ensured people's social care needs were met. Activities included both in-house and community-based activities. Systems and processes in place ensured complaints were monitored, investigated and acted in to reach a positive outcome for those involved.

The registered manager carried out regular audits of the service to drive improvements. Issues identified were done so in a timely manner. People, their relatives, staff and healthcare professional's views were sought to improve the service delivery.

The registered manager sought partnership working with other healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The service had systems and processes in place to protect people from harm and abuse.

Robust risk management plans were in place, reviewed regularly and gave staff clear guidance on keeping people safe.

People's medicines were managed to ensure they received them as prescribed.

Infection control measure in place gave staff guidance on minimising the risk of cross contamination.

Is the service effective?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

Staff received on-going training to meet people's needs and enhance their skills and knowledge.

Induction processes in place enabled staff to have their competencies assessed in line with the care certificate. Staff received regular supervisions to reflect on their working practices.

The service knew their responsibilities under the Mental Capacity Act 2005.

People were supported to access sufficient amounts of food and drink that met their dietary needs, requirements and preferences.

Records confirmed people were supported to access healthcare professional services, to ensure their health and well-being was monitored and maintained.

Is the service caring?

Inspected but not rated

There was not sufficient evidence to rate this key question as the

service had only started supporting people recently.

Staff spoke positively about the people they supported. Staff were aware of the importance of enhancing people's independence and maintaining their privacy and dignity.

People's confidential information was stored securely with only authorised personnel having access to confidential documentation.

Is the service responsive?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

Care plans were person centred, comprehensive and covered all aspects of people's care, health and medical needs.

People were supported to engage in community-based activities that met their social needs.

Complaints were recorded, and action taken to address people's concerns was done so in a timely manner.

Complaints were recorded and action taken to address people's concerns was done so in a timely manner.

Is the service well-led?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The registered manager carried out regular audits of the service to drive improvements. Issues identified were acted on in a timely manner.

People, their relatives and staff's views were sought, to improve the service delivery.

The registered manager sought partnership working with other healthcare professionals to drive improvements.

Copper Connect Care

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 25 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service and feedback from members of the public and healthcare professionals to plan the inspection.

During the inspection we looked at one care plan, two staff files, the medicine administration records, policies and procedures and other records relating to the management of the service. We spoke with one staff member and the registered manager.

After the inspection we contacted one relative and a healthcare professional to gather their views, however, neither responded to our request.

Inspected but not rated

Is the service safe?

Our findings

People were protected against the risk of harm and abuse as staff received training in safeguarding, were aware of the potential signs of abuse and knew how to report and escalate concerns. One staff member told us, "I would inform the manager immediately [if I suspected abuse], I would record it in the book and they would do an investigation. If the manager didn't do anything about it I would take it further. I would contact the social worker, safeguarding. Of course, I know what whistleblowing is, it's when you notice bad practice, you have to report it." At the time of the inspection there were no open safeguarding referrals.

The provider had implemented comprehensive and robust risk management plans to keep people safe. Risk management plans clearly documented the current control measures in place, additional control measures and recommendations, the calculation of risk and the probability and severity of the risk. Risk management plans were reviewed regularly to reflect people's changing needs and covered, for example, medicines, finances, mealtimes, personal care and travelling.

Accidents and incidents which had taken place were clearly documented and reviewed by the registered manager to minimise the risk of repeat occurrences. The registered manager told us, "We talk about things in the staff meeting and discuss them. We work on strategies to cover them and not to repeat them. We discuss them in general discussions and supervisions." Accident and incident reports documented the antecedent, staff present, location, behaviour patterns, contributory factors, action taken and the outcome. One incident reviewed demonstrated clearly that staff responded appropriately to the person's needs; and gave them support to initiate self-calming.

People received their medicines as prescribed by the prescribing pharmacist. A staff member told us, "I administer the medicines. I would contact the pharmacy and GP if there were any medicines concerns." I have received medicines training." Medicines management procedures in place gave staff clear guidance on the provider's policy in safely managing medicines. Staff received training in medicines administration and spot checks carried out by the registered manager ensured their competencies were regular checked. We reviewed three months medicine administration records (MARs) and identified there were occasions where staff did not always sign the MAR. We raised our concern with the registered manager who told us, they would be speaking with staff to address our concerns. After the inspection, the registered manager sent us an updated MAR sheet. We were satisfied with the registered manager's response and will review this at our next inspection.

People received care and support from staff to keep them safe. The registered manager deployed staff in such a way that ensured people received the care and support continuously over a 24-hour period. Rotas indicated there were adequate numbers of staff employed. The registered manager told us they were undertaking interviews in the coming week to employ two-part time workers, therefore, enabling the registered manager to spend more time in the office. Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained a completed application form, interview records, satisfactory references and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

The provider had a clear infection control policy in place, which gave staff clear guidance on control procedures, cleaning procedures and waste disposal. It also gave staff guidance on the 12-step hand washing procedure. One staff member told us, "I have had this training. It teaches you about washing your hands properly, preparing food, cleaning and how to safely dispose of gloves etc. There is always enough personal equipment, we use gloves and aprons." The registered manager ensured there were sufficient amounts of Personal Protective Equipment (PPE) to minimise the risk of cross contamination.

Inspected but not rated

Is the service effective?

Our findings

Staff received on-going training to enhance their skills and knowledge. A staff member said, "The training for me has been really helpful to learn about the job. We learn every day and have really enjoyed the training and it helps me to understand things more. I could ask for more training if I felt I needed it." We reviewed the training matrix and found staff training included, first aid, managing behaviours that challenge, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, nutrition and hydration, safeguarding and medicines management.

People were supported by staff that underwent a comprehensive induction process to familiarise themselves with the provider's policies, people and the roles and expectations of the role. One staff member told us, "The induction was really good and allowed me to know how to work with the person we support, it was really helpful. I shadowed someone for three days, because I already have experience in this industry." Induction training was delivered in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.' Inductions covered for example, roles and responsibilities, equal opportunities, equality and diversity, fire safety, complaints and safeguarding.

People received care and support from staff that reflected on their working practices through regular supervisions. A staff member told us, "The supervisions enable me to see how I'm doing, to speak with the [registered] manager, [work on] areas I need to improve and things I've done well in. I have a supervision five weekly or so. I could ask for more if I needed one." Supervision records showed staff were given allocated one-to-one time with the registered manager, whereby they discussed, for example, previous actions from supervisions, training needs, development, feedback and outcomes.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. A staff member told us, "[The MCA is about] your client being able to decide for themselves and what they need help with. It's about them making decisions about their lives. If we were concerned about [person's] capacity, we would make a decision in their best interest, we would involve other healthcare professionals, the [registered] manager and relatives." Staff were aware of the provider's MCA policy, which was built on the MCA five key principles.

People were supported to access food and drink that met their dietary needs and requirements. One staff member told us, "[Person we support] doesn't have a specialist diet but due to their culture we don't provider pork and we follow the guidance from the dietitian." Care plans detailed people's preferences in relation to the food they liked and referrals to the dietitian were clearly documented. Staff also confirmed they supported people to visit the local supermarket to choose food they liked and would support them

with meal preparation.

People were encouraged and supported to access healthcare professional services as and when required. This included the G.P, dentist, optician, dietitian and audiologist. People's care plans demonstrated where there had been concerns about people's health, referrals had been made. Guidance and support provided by healthcare professionals had been documented in people's care plans and incorporated into the service provision.

Inspected but not rated

Is the service caring?

Our findings

Staff were aware of the importance of maintaining people's privacy. Staff inductions and regular spot checks carried out by the registered manager ensured people's privacy and dignity was respected and encouraged.

People were treated with respect and had their diversity encouraged. One staff member told us, "We cannot stereotype people and need to respect their culture and beliefs, the care and support you provide needs to be personalised. I have taken [person] to church a few times, but they haven't wanted to go for a while. We cook foods that reflect [persons] culture." Care plans detailed people's cultural and religious needs and where possible this was reflected in the care and support provided. Staff received training in equality and diversity.

Care plans documented the support methods used by staff to enable people to make decisions. For example, communication profiles and guidance in place gave indicators to staff to encourage decisions. Staff confirmed they offered people choices, either verbally or tangible examples.

People were encouraged to maintain their independence at every available opportunity. One staff member told us, "[Person] lives independently and we encourage [person], we don't just do things for him. For example, prompting to put his own plate in the sink at mealtimes or with self-care. Or when helping to prepare meals, we encourage him to add some of the ingredients and participate which [person] loves to do." Care plans clearly identified people's dependency levels and gave staff clear guidance on how to effectively support people in a way that enhanced their independence as opposed to de-skilling them.

People's confidentiality was maintained. One staff member told us, "[Confidentiality] means not to disclose the information about the person to others. People who do need to know the information like healthcare professionals are told, but otherwise we keep things confidential." People's confidential information as kept securely in a locked office, with only authorised personnel gaining access.

Inspected but not rated

Is the service responsive?

Our findings

People received personalised care and support that was tailored to their individual needs. Prior to receiving support from Copper Connect Care, the registered manager carried out a comprehensive service needs assessment. This assessment looked at, for example, personal care, mobility, food and drink, health and medical needs, psychiatric and mental health history, communication and daily life skills. Through the assessment framework, a decision was made as to whether the service could safely meet the person's needs. Once it was established their needs could be met, a care plan was formed.

Care plans were reviewed regularly to reflect people's changing needs. At the time of the inspection the registered manager was in the process of arranging a care plan review whereby the healthcare professionals and relatives would be encouraged to share their views of what had worked well and any areas of improvement that were required. A staff member told us, "The care plan covers all activities, what has been happening, wellbeing, everything has to be documented and recorded. It tells you how to look after [person], what he likes and dislikes, how much support he needs etc." Care plans covered all aspects of people's lives and detailed for example, their likes and dislikes, risk management plans, medical information, support plans and healthcare needs.

People were encouraged to live full lives both within their own homes and when accessing the community. Activities provided were structured around people's social care needs with a view to develop their skills. Activities included, for example, regular trips to the gym, food and personal shopping, bowling and visiting a centre. One staff member told us, "Most of the activities are outdoors, trips on the bus, community centre where we play bowling, dancing, drawing and socialising."

People were supported to raise complaints and concerns where needed. Care plans detailed how people may present when dissatisfied, enabling staff to understand if people were displeased with the care and support provided in a non-verbal manner. The provider had a complaints policy in place which staff were aware of and knew how to respond to complaints in line with the policy. At the time of the inspection there was one open complaint. Records confirmed the complaint had been responded to in a timely manner and further discussion with healthcare professionals to reach a positive conclusion were on-going.

At the time of the inspection, there were no end of life care plan documents in place. We raised our concern with the registered manager who sent us an end of life document, which detailed information to be gathered in relation to, cultural and religious consideration, involvement of relatives and friends and other aspects in relation to end of life care. However, the record was not person centred. We will review this at our next inspection.

Inspected but not rated

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Staff confirmed the registered manager was approachable, supportive and accessible, often working directly with people. One staff member told us, "He's a good [registered] manager, he's managed the place well and is dedicated to the service user and the staff. You can call the [registered] manager at any time, we all have his mobile number and he always replies." During the inspection we identified staff appeared at ease with the registered manager and contacted him to seek guidance and support, which was readily available.

Although the service had not submitted any statutory notifications to the Commission at the time of the inspection, the registered manager was aware of their role and responsibility in doing so, if required.

Staff were aware of the provider's values, which was to promote people's wellbeing and support them to live a life they want to with support.

The registered manager carried out regular audits of the service, to drive improvements. Audits included, spot checks that ascertained if staff arrived on time, food safety management, mobility equipment, people's views, medicines, finances, fire safety and premises safety. Audits were carried out annually and bi-monthly. Issues identified were reported to the landlord in a timely manner.

People, their relatives and staff views were sought to improve the service provision. Although people were not always able to verbally communicate their views, views were gathered using alternative means. Questionnaires covered all aspects of the service provision, including for example, policies and procedures, safety, communication of the service, care plan development and involvement, dietary provision and levels of care provided within the service. Questionnaires sent to relatives had not been returned at the time of the inspection. We reviewed two completed staff questionnaires and found that feedback provided was positive in all aspect of the service.

The registered manager actively sought and encouraged partnership working with other healthcare professionals and relatives involved in the service to drive improvements. Records confirmed, where concerns were identified referrals were requested by the registered manager. Information and guidance provided by healthcare professionals was implemented into the care provision.