

Infinite Care Limited

Care Connect

Inspection report

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Cheshire
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Tel: 0160649876

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an announced visit of this service on the 25th and 31st August 2016.

Care Connect provides personal care and support to approximately 54 people living in their own homes in central Cheshire.

The service had a manager in place who had yet to formally register with the Care Quality Commission. 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.

Our last inspection was held on the 23rd of January 2014 and we found that the registered provider was meeting all the regulations assessed at the time.

On this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities 2014) and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

We found that all policies and procedures were not up to date, audits in respect of daily records were inconsistent and that staff supervision had not been carried out consistently.

We found that we should have been notified of allegations of abuse that had occurred and our records found that this had not been done.

The service had gaps in its recruitment process which meant that people who used the service were not fully protected.

People who used the service told us that they felt safe being supported by the agency and felt safe with the staff team

Staff demonstrated a good understanding of the types of abuse that could occur and what action to take. They were able to give an account of how they could raise concerns about care practice through the whistleblowing process.

Risk assessments were in place. These related to the environment that staff worked in as well as the risks faced by people when they were being supported. Risk assessments outlined when risks were severe but did not indicate medium or lower risks related to people's needs.

Staff had received the training they needed to do the job yet it was recognised by the manager that some updates were needed and that this was ongoing.

Staff did not always receive the supervision they needed to do perform their role.

People told us that they felt cared about. They told us that their privacy and dignity was respected at all times. We saw evidence that agency staff and the management team referred people to appropriate agencies when they had concerns about their living conditions or health needs.

Care plans were personalised and covered all the main needs of the people who used the service. People knew how to make a complaint although they had needed to. They were confident that the management team would investigate complaints thoroughly. Complaints records did not always indicate whether complainants were happy with the outcome of the investigation.

People were complimentary about the management team. Staff considered the management team to be supportive. The views of people had been obtained about the support they received and comments were positive. Audits in respect of spot-checks linked to staff practice were not undertaken and where audits had been completed in respect of daily records, these were inconsistently checked.

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.

The recruitment process did not consistently ensure that suitable people provided support to people. This meant that people were at risk from harm.

Assessments outlining the risk faced by people in their daily lives were not complete

Staff had a good understanding of the types of abuse that could occur and how to report their concerns to external agencies.

People told us that they felt safe when being supported by the agency.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People told us that they thought staff were knowledgeable about their role.

The capacity of people to make decisions for themselves had been taken into account by the agency.

Staff had received training yet the manager acknowledged that training needed to be updated for some staff and that this was on-going.

Staff had not consistently received supervision as part of their role. The manager recognised this and had started to address this.

Staff took the nutrition of people into account where support was provided as well as their preferences in respect of food.

Is the service caring?

Good ●

The service was caring.

People told us that they felt cared about and that staff treated them with dignity.

The registered provider alerted appropriate agencies when they had concerns about the health and wellbeing of people they supported.

People were provided with information about what they could expect from the support provided by Care Connect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Complaints records did not indicate whether a complaint had been dealt with to the satisfaction of the complainant.

People told us that they that had not needed to make a complaint but were confident that the management team would investigate them thoroughly.

Care plans and assessments were in place. Care plans were personalised and gave staff a breakdown of how support should be provided in a caring and dignified manner.

People told us that they were able to look at their care plans and felt involved in them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered provider had not notified us of significant incidents when they occurred.

Audits relating to the quality of the support were either not robust or limited.

Policies and procedures relating to the support provided were

out of date and referred to methods of regulation that were no longer used.

People who used the service told us that the service was well led and that the management team were approachable.

Care Connect

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 25th and 31st August 2016 and was announced.

48 hours' notice was given because the service is small and the manager is often out supporting staff or providing care. We needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned to us when we asked and we used this information in the planning of this inspection.

Prior to the inspection we spoke with the Local Authority Commissioning team. They had conducted a visit to the service on the day before our visit and were able to provide feedback about their findings. They had identified concerns similar to those found at this visit. We also had contact with the Local Authority safeguarding team who were able to give us an account of two safeguarding referrals connected with the agency. These allegations were not substantiated.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans and other records such as five staff recruitment files, training records, policies and procedures, quality assurance audits and complaints files.

We spoke to six people who used the service, one relative and three members of staff. We spoke with the

manager as well as the care manager.

We toured the office premises. This was done to ensure that the registered provider had all the equipment and information needed in order to run the service.

Is the service safe?

Our findings

People told us that they felt safe with the staff team, "I definitely feel safe", the staff know what they are doing and I feel safe when they are helping me". People told us that where staff supported them to take medication through prompting, that this was done effectively, "They always remind me and I never miss my tablets".

The registered provider did not consistently ensure that people who used the service were fully protected by the recruitment of new staff. Staff recruitment files demonstrated that appropriate checks had been undertaken to determine the suitability of people to work at Care Connect. There was information to confirm the physical fitness of people for the role as well as application forms outlining their experience. Interview notes were also available. Disclosure and Barring checks had been obtained (known as DBS) to check if people had been convicted of offences which would affect their suitability to work there. References were in place

In one case, there was no photograph to confirm the identity of a member of staff. In addition to this, there was evidence of employment gaps on the person's application form with no evidence that this had been discussed with the person. This meant that the recruitment process did not consistently protect the people who used the service.

One newly recruited member of staff stated that they considered that the recruitment process had been fair and that all the necessary checks had been undertaken. Evidence was available outlining a pre-employment check on new staff confirming at what stage they were of their recruitment.

Staff provided us with a good account of the action they would take if they were made aware of any abuse concerns. They knew about the types of abuse that could occur. They stated that they had received safeguarding training as part of their role. This was confirmed by training records and certificates. Staff were also knowledgeable about how concerns about the registered provider could be reported to external agencies such as the Care Quality Commission and the Local Authority. Two allegations of abuse had been raised in connection with the registered provider. They had not notified us of these directly. Both were investigated and found to be unsubstantiated.

Risk assessments were available for people. These related to the risks faced by their environment as well as those risks they faced through the support they received. All environment risk assessments had been reviewed and included reference to lone working which applied to some members of staff supporting people single-handed. Risk assessments included the degree of risk faced by people for specific tasks such as assisting people to transfer or their mobility, Where risks were severe this was recorded. Where risks in daily tasks were moderate or low, these had not been recorded. This meant that staff were not given full information about the needs of people. It also meant that the service could not monitor changing risks and as a result people were not fully protected.

Environmental risk assessments also included the location of key items in people's homes. This related to

the location of gas stop and water stop taps and telephone numbers of relatives and contractors maintaining hoists. The main office had emergency systems in place in case their computerised systems broke down. Provision was in place for a paper based rota system to be available.

Risk assessments also included reference to infection risks within their own homes and through the provision of support. Staff told us that they had received infection control training and that this was confirmed through training records and certificates. Staff told us that the registered provider always provided them with enough personal protective equipment such as gloves and aprons (known as PPE) in order to deliver personal care hygienically. Care plans made reference to how infection control risks should be taken into account during the provision of support. Accidents, when they occurred were recorded appropriately and included within personal files.

Included in care plans was the support required by people to take their prescribed medication. Most people dealt with their own medication or relied on a family member to do this and this was recorded. Staff intervention was limited to prompting people to take their medicines rather than directly administer them. Staff told us that they had had medication training and this was confirmed through training records and certificates. A medication policy was in place outlining staff responsibilities in this regard. Medication administration records we saw had been completed appropriately.

A computerised system was in place to help ensure that sufficient staff were in place to meet the needs of people. Details retained on the computer system included where staff were at any time, whether calls had been attended and rotas for the remainder of the week. When arriving at a person's home, staff were required to alert the management team of their arrival. The system enabled staffing levels to be maintained and monitored. Where there were changes to the planned arrival time of staff, people who used the service were contacted by phone to tell them that staff may be late.

Is the service effective?

Our findings

People told us that they felt that the staff were knowledgeable about how to best support them. They told us "Staff definitely know what they are doing" and "They know my needs very well". They told us that they were always asked by staff for their consent before support was given.

Staff training and one to one staff supervisions were not up to date.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014)

A training matrix was available but this indicated that some mandatory training was out of date. The manager told us that this had been identified and that priority had been given to examining those staff that required updates and refreshers in mandatory training.

We spoke to staff to confirm the training that they had received. They said this included health and safety topics such as infection control, first aid, manual handling and food hygiene. In addition to this further training had been provided in respect of safeguarding, dementia, nutrition and dignity.

Staff did not always receive the supervision and support they required. This included one to one supervision, appraisals and team meetings that had not been undertaken in some cases for six months. This was confirmed by staff and any supervision records that were available. In addition to this, the Local Authority commissioning team had told us about this. The manager provided us with evidence that they had started a schedule of supervision sessions as well as appraisals. A staff team meeting had been arranged for a date following our visit.

A structured induction process was in place. This was in line with the requirements of the Care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. A member of staff who had been newly recruited to the service told us that the induction process had prepared them for their role. The induction process had included training and a period of shadowing existing staff until such time as people were deemed competent to work unsupervised. Shadowing of staff took place over a six week period. Documentation was available outlining the structure of the induction process.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA

The manager and staff were able to outline their knowledge of DOLS and the Mental Capacity Act. Care plans included a reference to the mental capacity of individuals. This included whether people had the capacity to agree to personal care and other forms of support. Care plans included how the consent of people was obtained. There was evidence that key documents, seeking the consent of people, had been signed to acknowledge their agreement to the support they received. Staff told us that as part of them visiting people, they always obtained verbal consent before assisting them. This was confirmed by people we spoke with.

Care plans also included reference to the communication skills of people. It was acknowledged that some people had limited communication and that staff needed to take steps to effectively communicate with them. This included speaking clearly or slowly to people as well as communicating with them at eye level.

Some people required support with eating and drinking as part of their care package. Included within care plans was an indication of whether support was required in food preparation. These included steps on how nutrition was to be maintained and any specific dietary requirements. Preferences in respect of food had been recorded. Training records suggested that staff had received food hygiene training. Daily records which accompanied care plans made reference to what meals had been prepared as well as a commentary about people's appetites. Where people were independent in preparing meals or relied on family members, this was outlined in care plans

Is the service caring?

Our findings

People who used the service considered that they were cared for. "The staff are the very best", "Staff go the extra mile to help" and "They are like little angels". People told us that they "Definitely feel respected" by staff and that "I feel involved in my care". They told us "They treat me with respect, absolutely".

People we spoke gave examples of where staff had promoted their independence. They told us that there were daily tasks that they still undertook, for example, dealing with their medication. Care plans were positive and outlined those tasks which people were still able to do for themselves.

Staff confirmed that they had received training in dignity and respect and this was ongoing as confirmed from training records. Staff outlined how the first actions they would ordinarily do when arriving at someone's home. They stated that they would introduce themselves even though they were known to the person. They also introduced themselves to people they had not spoken with before within the household. In addition to this, staff stated that they would ask people how they wanted to be supported. This was confirmed by people we spoke to who considered that they felt listened to by the staff team.

Care plan documentation included an account of not only how people could be supported but also about gaining the views and wishes of people. Reference was made to ensuring that staff took people's dignity into account during personal care tasks. This included how privacy could be promoted through support given by staff in personal care tasks such as bathing, dressing and assistance with toileting.

Staff had signed a confidentiality policy. This outlined a commitment from the registered provider to ensure that personal details or views of people were kept within the agency. Information contained within the service's service user guide outlined this commitment.

The service user's guide contained an overview of what people who used the service could expect during their support. This made reference to maintaining the rights of people, promoting their dignity and maintaining their privacy. Other commitments within the service user's guide focussed on independence and their rights as individuals. The guide further outlines the process of when people are first supported by the agency. This included reference to the assessment and care planning process.

The guide did not outline whether there were alternative formats available for those with limited vision or other communication needs. In addition to this, the guide outlined legislation that was no longer used to assess the quality of care provided.

While no person received the involvement of advocacy services at the time of our visit, there was information included within the guide of a local advocacy agency and their contact details.

Assessments and care plans included any medical conditions that people had and how this impacted on their daily lives. Daily records in some instances made reference to staff getting into contact with other

medical professionals such as Doctors when concerns about people's health had been observed. Where people had prior hospital appointments, these had been included in care plans so that visits from staff did not coincide with these visits

Is the service responsive?

Our findings

People told us that they had seen their care plan and were able to look at it and contribute to it when they wanted. "Yes I have seen my care plan" and it is always there in my home". People told us that they felt listened to and involved in their care. People told us while they were happy with the service and had not had to make a complaint; they felt confident that the service would look into their concerns.

A range of assessments were in place for each person who received support. These included assessments completed by the local authority that funded support where applicable, as well as an assessment completed by the service. The latter included an overview of all aspects of the person's daily living as well as reference to medical needs and social care needs.

All people supported by Care Connect had a care plan. Care plans included a support plan which was personal to the needs of each person. These included a step by step guide as to how people should be supported and included a reference to the needs and wishes of people.

Care plans had been signed by people to confirm their agreement with the support to be provided.

While the agency provided personal care in people's own homes, there was an appreciation of daily activities that people pursued. Care plans included what activities such as day services that people attended and the times that staff should attend people's homes in order to ensure that people were ready to access these services in good time.

Care plans had been updated and evaluated when required. All care plans were accompanied by daily records. These provided an ongoing commentary on how people had been supported on each visit as well as reference made to any issues that staff had observed such as health needs. Separate records were placed on file of any observations staff had which was not related to the day to day support that people required. Concerns in respect of the living conditions, for example, were recorded with details of what action was taken to raise concerns.

Staff gave an account of how they supported people. As well as introducing themselves, staff stated that the care plan was the point of reference for them and that only daily notes enabled them to keep up with any changes.

Care plans indicated occasions where the management team and staff had responded to circumstances that people who used the service found themselves in. As well as providing the support required in care plans, there was evidence where other concerns had been noted by the staff team in respect of people's general wellbeing. In those instances there was evidence that concerns had been reported to other agencies such as social workers. During our visit, the manager and care manager responded to calls made by people who needed urgent assistance.

Care plans provided evidence of how the registered provider took the health of people into account. Assessment information identified the general health needs of people. Records indicated that on occasion

where people had experienced health issues, the staff had sought to assist people in getting help from other medical agencies. Daily records provided an account of these issues and outcomes involved. When people had gone into hospital, systems were in place to reflect that people did not need support at that time. Records were in place indicated where support would recommence to enable the smooth delivery of support.

A complaint procedure was in place but this was out of date. It provided incorrect information on where the Care Quality Commission could be contacted. Complaints records were available. These outlined that seven complaints had been received by the service from the start of 2016. The log indicated how the complaint had been investigated, the date of when it had been resolved and how practice had been changed as a result. Complaints records did not indicate whether the investigation had been carried out to the satisfaction of each person.

Our own records suggested that we had been made aware of two complaints since our last visit in 2014 and these related to records held by the registered provider.

Is the service well-led?

Our findings

People who used the service considered the service to be well run. They confirmed that the office team always made them aware of when care staff would be late. They confirmed that they had had regular contact with the care manager of the service as well as contact with the manager. They said "they are kind", "they always let me know what is going on" and "Lil [the care manager] is really good".

The registered provider had not notified us of two significant incidents relating to two people who used the service. In failing to do this, the registered provider had not applied good governance in the running of the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Information sent to us by the Local Authority Safeguarding Team indicated that two allegations of abuse had been made in regards to the support provided. An investigation had been carried out and these were found to be unsubstantiated. However, the registered provider had failed to notify us of these incidents and this was confirmed through our records. The manager told us that this had been an oversight. This meant that the registered provider had not exercised good governance in meeting their legal responsibilities.

The registered provider had audits and checks in place to in order to assess the quality of the support they provided. These audits included care plan reviews, monitoring of staff attendance at people's homes and daily records. Audits of daily records were not consistently applied. An audit had taken place of the daily records that had been returned to the office from people's homes. There was evidence from these that comments about each record had been made by the manager and care manager. Comments were inconsistent as one manager made comments about records, for example, in relation to the ink colour used, while the care manager had not. In addition to this, colloquial terms had been used occasionally in records and this had not been picked up. Some daily records had been recorded on the back of existing sheets of paper and again these had not been commented upon. Such discrepancies between management checks had not been identified.

Policies and procedures were in place for areas such as complaints, safeguarding, the code of conduct by staff and other policies related to the support that Care Connect was to provide. These policies were last reviewed in May 2013. These were out of date and contained reference to old legislation and guidance. For example, the Care Quality Commission regulations previously used to assess the quality of support provided.

The registered provider had employed a manager. They had been in post since December 2015. This person had started the process of applying for registration with the Care Quality Commission.

The manager and care manager formed the management team and both worked in conjunction to address issues as they arose. The management team were included on an on call rota which provided extra support to the staff team. Staff told us that they considered the management team to be approachable, supportive and open to ideas. The care manager told us that they felt supported by the manager and that they had introduced new ways of working to enhance care which had proved very helpful to the service and their

practice. These new ways of working had included, for example, the introduction of body maps in personal files.

The manager had identified that some systems required updating whilst other new systems needed to be introduced. The manager was open with us about deficiencies that existed within some aspects of the governance of the service.

We asked the manager about spot-checks to assess the performance of staff and feedback from people who used the service as a result. These had not been undertaken. Such visits served as a tool for supervising staff performance but also for assessing the quality of support provided.

Quality assurance questionnaires had been given to people who used the service and these had been returned. We sampled these and found that comments had been positive about the care provided. The results of these had not been collated and fed back to the staff team or people who used the service.

The certificate of registration was on display in the office as well as evidence of current insurance. A copy of the last inspection report was available.

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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to notify the Care Quality Commission of allegations of abuse connected with the regulated service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that people received a service that was subject to good governance.