

Connie's Care Services Ltd

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Inspection report

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Tel: 01945774250

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Connie's Care Services Ltd is a home care service providing personal care to two people in their own homes at the time of the inspection. Both people received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Improvements had been made to assessment of risks to people although further work was needed to ensure moving and handling plans contained enough detail. The registered manager was not up to date with best practice guidance for the safe handling of people in social care. There were enough staff, who were safely recruited, they knew how to keep people safe from avoidable harm. People felt safe with the staff supporting them. Staff understood how to reduce risks to people.

Improvements needed to be made to the responding to and raising of potential safeguarding concerns to ensure that these were raised without delay. The registered manager was implementing changes to ensure this took place. Staff understood how to raise concerns and had undertaken training in safeguarding vulnerable adults.

People had access to health professionals when needed. Support was planned to meet people's assessed nutritional and health needs. Staff received regular training, supervision and support. Staff ensured that they sought people's consent before providing them with care and support.

Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team.

Appropriate and responsive care was provided to people by staff who understood person-centred care. Staff knew the content of people's care plans before supporting them, helping them to understand their care requirements and preferences. People's care plans were reviewed and updated following changes in their needs, however current best practice guidance was not always reflected. Improvements to the recording of complaints and their outcomes was to be implemented.

The registered manager had implemented improvements following recent lessons learnt, although further improvements are required. The registered manager did not have up to date knowledge around best

practice guidance and did not access any forum to enable them to do so.

We have made a recommendation in relation to this.

People, relatives and staff told us they had an open relationship with the registered manager and found them approachable. Some professionals we spoke with raised concerns the registered manager was not always approachable when concerns were raised to them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (Published 15 July 2019) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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

This inspection was carried out by one inspector.

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 had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2020 and ended on 7 January 2020. We visited the office location on 7 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also spoke with professionals from the local authority who had had been involved with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We visited the homes and spoke with both people who received care and support. We also spoke with one person's relative during these visits. We spoke with three members of staff and the registered manager who is also the registered provider. We reviewed a range of records including two peoples care records, staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure a condition imposed to keep people safe from the risk of abuse was adhered too. This was a breach of regulation 13 (Safeguarding service users from the risk of abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff we spoke with gave us examples to demonstrate they knew how to keep people safe and use the information contained in people's care plans. Staff knew the risks to people well.
- Peoples care plans contained guidance on how to manage and mitigate risks to people, however further detail was needed in moving and handling care plans to ensure these clearly demonstrated how to support people safely.
- We did not find that people were at risk because the service is very small and carers were consistent and knew people well, but the registered manager planned to increase the number of people it supports and recruit new staff and more detail would be required to ensure peoples safety.
- The service received training and support from a qualified external moving and handling trainer. However, the registered manager was not up to date with the latest best practice guidance in moving and handling safety. They agreed that they needed to update their knowledge in this area which would also be reflected in the services policy and procedures which did not reflect current best practice.

Staffing and recruitment

At the last inspection the provider had failed to ensure that the requirements set out in schedule 3 of this regulation were met. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff had been recruited safely and in accordance with the regulations. Records we reviewed showed that references and checks had been made before a person commenced employment to ensure staff were suitable to work in care.
- There were enough staff employed to meet people's needs at the time they wanted and expected. People and their relatives told us staff were never late and stayed for the expected duration.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received regular training in safeguarding service users, staff could now tell us who they would report any concerns too, such as the local authority safeguarding team.
- We received feedback from the local authority that a recent safeguarding investigation had highlighted some shortfalls in the timeliness and reporting of a safeguarding allegation. Although the allegation was not substantiated, the investigation had found that systems needed to be improved. The registered manager told us that lessons had been learned from this and changes had been made for the reporting of any further allegations.
- Staff could explain to us how they would report near misses or accidents, and the importance of doing this.

Using medicines safely

- The registered manager told us that although they currently did not administer medicines to anyone, this was due to change very shortly due to the changing needs of service users. Staff had not yet completed training for this, and systems were not yet in place, but the registered manager was making arrangements for this to happen.
- Staff did however apply topical medicines, such as skin creams. People told us that they received these as expected, however, more detail should be recorded in people's daily notes as to where and when on a person's body these had been applied. During the inspection the registered manager implemented body maps for staff to use to record this information.

Preventing and controlling infection

- Staff received regular training in infection prevention and control. The registered manager undertook frequent spot checks of staff practice in relation to this.
- Staff had access to sufficient supplies of personal protective equipment to promote people's welfare, such as disposable gloves or aprons to be used when providing personal care. People confirmed to us, and we observed staff using these items.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Improvements had been made so that staff had an improved understanding of the principles of the MCA, best interests' decisions made for people and how it affected their daily work.
- Staff understood the importance of seeking people's consent before providing them with care, and we observed them do this. The two people who were supported both had capacity to consent to their care provision by the service and had signed documents to confirm this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an initial assessment to ensure the service was able to meet their needs.
- Care was planned and delivered in line with people's individual assessments, which were reviewed periodically or when people's needs changed. We observed staff delivering care in line with current standards.
- Care plans were comprehensive but needed further reference to current best practice as published by governing bodies and healthcare agencies including the NHS and the National Institute for Clinical Excellence (NICE). This would ensure that staff were always delivering care that was in line with current best practice should this change.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and training at the start of their employment. The registered manager completed checks of their competency before they were able to support people.
- Staff received regular supervision from the registered manager, who also undertook frequent competency assessments and spot checks of their work. Regular training was provided by an external accredited trainer.

- People told us that staff were experienced and competent at providing them with care and had the necessary skills. The relative we spoke with confirmed this, they told us this gave them confidence and reassurance.

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

- Staff supported people to prepare their meals and drinks when this was required. We observed staff offer choice to people about what they may want preparing for them.
- Staff were aware of which people had specific dietary requirements or where additional precautions were needed to keep them safe when eating and drinking. This information was recorded in people's care records.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with other professionals to understand any changes in their needs and ensure these could be met.
- The register manager and staff liaised with people's healthcare professionals including GP's and Pharmacists, to help people maintain their health.
- Information about people's health conditions and how these affected them was recorded. This helped staff to understand these and support people appropriately.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated by staff who were kind and caring. One person told us how much they appreciated the efforts of staff and the registered manager, and how important they were in their lives.
- A relative we spoke with told us that staff were respectful to their family member's needs, treating them individually and how they liked.
- People were supported by a small, consistent team of staff that knew people well. We observed staff interactions with people that were warm and friendly. One person we visited was delighted to see their carers, laughing and joking with them and initiating banter.

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

- People told us that they had been involved in the planning of their care and their views had been sought. People felt that the decisions they made about their care were respected and acted upon.
- The registered manager sought regular feedback from people about how they received their care. They undertook regular visits to people's homes for informal conversations, people told us this allowed a comfortable way to talk about their care and support. Satisfaction surveys also took place annually.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity. Staff could describe the importance of supporting people at their own pace and supporting them to feel comfortable with their care.
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to do this.
- Staff were able to tell us how they maintained people's privacy, we observed them knocking on people's doors and announcing their arrival, checking that it was okay for them to enter before doing so.

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 good. At this inspection this key question has remained the same. 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 identify people's preferences within care plans since our last inspection. People were now asked their preferences of the gender of their carer and this was respected.
- People received personalised care and support specific to their needs and preferences. We observed that staff knew people well and how a person wished to receive interaction.
- People's care plans were reviewed and updated when there were changes in their needs.

Meeting people's communication needs

Since 2016 onwards 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. Information, such as the service user guide, was provided to people and their families in a suitable format.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place that clearly detailed the processes people would need to follow should they need to complain and when they could expect a response.
- Neither of the people we spoke to had cause to raise any complaint. The registered manager told us that following a complaint relating to a person no longer supported by the service, lessons had been learned. Improvements would be made in the detail of information recorded and any written response made, regardless of the severity.

End of life care and support

- Peoples plans in relation to their end of life care were sought as part of the initial assessment process. Where appropriate, peoples wishes had been identified and recorded.
- At the time of our inspection, the service was not supporting anyone with palliative care.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure conditions imposed on their registration were adhered to. The provider did not fully understand the requirements relating to their registration. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, some further improvements are required, and the improvements made need further development and embedding.

- Since our last inspection, the provider had ensured that conditions imposed on their registration had been adhered to. They had engaged with the Care Quality Commission following the inspection and been open and transparent in addressing the need for improvements to be made.
- Improvements had been made to systems and processes, but further development is needed for the registered manager to improve their knowledge and understanding of the regulations and requirements of the role. This includes understanding current best practice guidance and keeping up to date with changes.
- Although the registered manager had worked in social care for a long time, they were not part of any forums or networks provided for registered managers to keep their practice up to date. As the service was small and they were the only senior staff member, this meant they were the only staff member available to train, mentor and develop the staff team.

For continual service improvement, we recommend that the registered manager seeks out current best practice guidance in health and social care and access forums or networks provided remain up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Some professionals we spoke with told us that on occasions they had found the registered manager needed to be more open and approachable when they were following up on concerns that had been raised. We discussed this with the registered manager who told us they acknowledged this and was looking to

improve going forward.

- People and their relatives spoke very highly of the registered manager. They told us that they felt the service was well run, and that communication with them was very good.
- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists to ensure people's needs were met in a timely way.
- Staff felt well supported by the registered manager and provider and knew any concerns raised would be addressed.

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

- There were opportunities for people who used the service to share their views about the quality of the service provided. Surveys were sent out annually to people and their relatives, to gather feedback about the quality of the service provided.