

Connect Care Consultancy Ltd

Connect Care And Support (CC&S) Manchester

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Connect Care and Support (CC&S) Manchester is a specialist community-based service providing care, treatment and support to people living with complex mental health support needs. The overarching aim of the service is to enable people to live as independently as possible in their own homes and communities, and to avoid admission into hospital or other institutional type settings. Four people used the service at the time of this inspection.

The service may also support people with a dual support need of mental health and a learning disability and/or autism. At the time of the inspection, the service did not provide care or support to anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support

The service supported people to have the maximum possible choice to be independent and they had control over their own lives. People were supported by staff to pursue their interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Why we inspected

This service was registered with us on 30 June 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Connect Care And Support (CC&S) Manchester

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The service is a specialist community-based service registered with the Care Quality Commission (CQC) to provide Personal care and Treatment of disease, disorder or injury.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

What we did before the 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the providers office location. We reviewed a variety of records related to quality and safety and spoke with the registered manager.

After the inspection

We continued to analyse the information gathered during the inspection visit. We also gathered feedback from people who used the service and/or their representatives.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A robust framework was in place which sought to protect people from the risk of abuse.
- Staff knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures. Comments from people included, "The help and support I get definitely makes me feel more safe and more secure in my own home."

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- A comprehensive assessment of need was completed before a person started to use the service. This helped to ensure known risks were identified early and appropriate management plans could be put in place.
- New and emerging risks were identified and acted upon in a timely manner. This was evidenced through effective joined up working between the service and external agencies. This collaborative approach to risk helped to ensure people could remain in their own home for longer.
- Untoward events were thoroughly investigated, and remedial action taken to reduce the likelihood of reoccurrence. Information related to lessons learned was shared internally with staff, and with other relevant agencies.
- An Electronic Call Monitoring system was in place. This was managed effectively by office-based staff and allowed for real time monitoring of care calls and for regular performance reports to be run.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they received care and support when they needed it, and staff were punctual and did not rush.
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where support with medicines was part of an assessed need, staff followed national best practice. Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines
- People received supported from staff to make their own decisions about medicines wherever possible. People could take their medicines in private when appropriate and safe.
- People were supported by staff who followed systems and processes to administer, record and store

medicines safely.

Preventing and controlling infection

- Personal protective equipment such as disposable gloves and aprons were readily available at the point of care. Staff had completed infection control training. This was supported by appropriate policies and procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A comprehensive assessment of each person's physical and mental health was completed before they started using the service.
- People had care and support plans that were personalised, holistic, and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- Support with eating and drinking was provided to people where it was part of an assessed need.
- Staff supported some people to be involved in preparing and cooking their own meals in their preferred way. An external health professional told us: "[Person's Name] was nervous about the support but they felt relaxed as soon as they met [Registered Manager]. [Person] reported they had made homemade soup with [Registered Manager] and that they really enjoyed doing this."
- People were supported to eat and drink in line with their cultural preferences and beliefs.

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

- People had health plans which were used by staff to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. People played an active role in maintaining their own health and wellbeing.
- Multi-disciplinary team professionals were involved in/made aware of support plans to improve a person's care. An external health professional told us: "I have been very impressed with their service. They know their service users very well and are very good at maintaining communication with me and the family. I have recommended their company to colleagues in the mental health team."
- The service ensured that people were provided with joined-up support so they could travel, access health

centres, education and or employment opportunities and social events.

- Staff worked well with other services and professionals to prevent readmission or admission to hospital.

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, 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 empowered people to make their own decisions about their care and support
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- The 'in-house' expertise around mental health meant staff followed best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Some of people who used the service were restricted by provisions under the Mental Health Act 1983 (amended in 2007), such as Community Treatment Orders (CTO). CTOs enable people to live under supervision in the community.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People were well matched with their designated support worker and as a result, people were at ease, happy and engaged.
- People received kind and compassionate care from staff who used positive, respectful language. People felt valued by staff who showed genuine interest in their well-being and quality of life. Comments from people included: "The support workers are almost part of our extended family. I trust them and they are very caring."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Where appropriate, staff routinely sought opportunities for people to access paid or unpaid work, access leisure activities and widening of social circles.
- Where care and support was delivered in people's own homes, staff ensured people had space and freedom, and that privacy, dignity, choice and independence was maintained.

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

- Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People were supported to access independent advocacy services where appropriate.
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Staff supported people to maintain links with those that are important to them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessments and support plans. We received positive feedback from a person who used the service via their social care professional who said: "Often we forget to acknowledge the positive support that we offer to clients, so I wanted to take this opportunity to thank you for picking up [Person's] case and acknowledge your skills. [Person] is a complex case and can find engagement really difficult the fact [Person] has reported [positive feedback] is absolutely brilliant. I am really please and hopeful about [Person's] future recovery with your involvement playing a key part."
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- People were supported to understand their rights and explore meaningful relationships.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- Staff provided person-centred support with self-care and everyday living skills to people.

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

- The comprehensive assessment framework within the service helped to ensure people's communication needs were recognised, assessed, and acted upon in a timely manner.
- Staff had good awareness, skills and understanding of individual communication needs and knew how to facilitate good communication.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- No one was in receipt of end-of-life care at the time of the inspection. In the event of people requiring this level of support, the service would link in with the relevant NHS and palliative care services to meet people's needs.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The registered manager fully understood and demonstrated compliance with regulatory and legislative requirements.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were accessible, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager worked directly with people and led by example. Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Managers promoted equality and diversity in all aspects of the running of the service. Management and staff put people's needs and wishes at the heart of everything they did.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The registered manager sought feedback from people and those important to them and used the feedback to develop the service.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support and applied duty of candour where appropriate.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- There was a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The registered manager and wider staff team fully embraced the concept of working in partnership with others and fully appreciated this was key to success. A health and social care professional told us: "I am really pleased with their service and would go as far as to say they are currently the best provider I have worked with."