Connect Nursing Limited

Connect Nursing

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 1 and 2 December 2016 and was announced. At our last inspection on the 24 January 2014 the service was not supervising staff in line with their policy. At this inspection improvements had been made and the service was meeting the legal requirements.

Connect Nursing is a domiciliary care service providing support to people with complex health needs which included people who had suffered a stroke and spinal cord injury. At the time of our inspection 24 people were 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 felt safe at the service with staff and were protected from abuse as staff knew the different types and how to report it for investigation.

Risk was identified at the service and risk assessments were in place to reduce the likelihood of harm towards people. This included assessing the environment for hazards and the equipment needed to ensure suitability.

Records confirmed staff were recruited safely at the service and staff rota's confirmed that there were enough staff to support people in their homes.

Where medicines were given they were handled safely and staff explained how they gave medicines to people in accordance with the policy.

People were supported by staff who had received an appropriate induction, training, supervision and a yearly appraisal. People's preferences were met and people were asked for their consent in care. However staff understanding of the mental capacity act where people lacked capacity was not always understood. People who lacked capacity did not have an assessment and where best interest meetings were needed they had not been held.

People were cared for by kind compassionate staff who respected their wishes, privacy and dignity. Staff took the time to get to know people so they understood their personal histories.

Care plans were personalised and people and their relatives were involved in the planning of care. Staff were vigilant to changes and would report back to the office if they noticed people's needs changed.

People and staff spoke positively about the management of the service. Staff felt they were treated with

respect and could easily approach management. The service performed a number of audits to monitor the quality of the service, however some audits did not document what had been checked.

We found one breach of the regulations.

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.

Staff received safeguarding training and people were protected from the risk of abuse as staff knew the different types of abuse and how to escalate it.

Staff were recruited safely to the service and appropriate checks were carried out to ensure staff were of suitable character.

There were enough staff to support people at the service.

Training in medicines was given to staff and medicines were managed safely where staff supported people with this.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received an induction and ongoing support, supervision and appraisal.

Staff asked for people's preferences and choices were respected.

Mental Capacity Act 2005 was not understood where people lacked capacity which meant their rights were not being considered especially in the use of bed rails.

People were supported to eat and drink healthy amounts and this was monitored.

Is the service caring?

Good

The service was caring.

People said they were supported by staff who were kind and compassionate.

Staff took the time to get to know people's histories, previous jobs, likes and dislikes.

People's privacy and dignity was respected. People's preferences

in choice of carer and languages were also respected.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and wanted. People's needs were assessed fully with their involvement and relatives.

Care plans were reviewed monthly and updated if any changes.

People took part in a number of activities and the service engaged people in activities to improve their health.

A complaints process was in place and people felt able to make a complaint.

Is the service well-led?

Good

The service was well led.

Some people felt messages from management were not always passed on.

Staff felt they were well supported and respected by the registered manager and management team.

Staff enjoyed coming to work and said the atmosphere at the service was good.

The service performed quality checks to ensure the service was performing well by checking records and performing spot checks. However audits excluding medication did not document what had been checked as part of the audit process.

The service submitted notifications to the CQC as required.

Connect Nursing

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 1 and 2 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in to support the inspection.

The inspection was carried out by one inspector.

We reviewed information we held about the service which included legal notifications the service had to send. We spoke to the registered manager, one care manager, two nurses, two care staff, two people who used the service and three relatives.

We reviewed five care plans and risk assessments, their daily records, medicine administration record (MAR) charts and other records relating to their care. We reviewed five care staff files and five nursing staff files which included recruitment records, training, supervision and appraisal records.

Policies and procedures were also reviewed during the inspection which included safeguarding and whistleblowing. Other records relating to the quality of the service were viewed which monthly audits and spot check records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh yeah feel safe, really good bunch of carers." Another person said, "I'm happy with them, no problems, they come on time."

A relative said, "I don't have to worry when they [care staff] are there."

Staff explained they greeted people at their front door and explained why they were there. Staff wanted to be informed of any prospective visitors so they knew to expect them and one member of staff said, "I don't just let anyone into the house I don't know." This meant people were kept safe in their homes while receiving care.

Staff wore a uniform and identification badge for security when they attended people's homes.
The registered manager of the service explained that people were introduced to the staff who would be caring for them at the first visit and this maintained the safety of people as they knew who would be coming into their home.

People were protected from the risks of abuse as staff understood how to identify abuse and who to escalate it to. Staff had completed safeguarding adults training and they explained the different types of abuse. One member of staff said, "If I saw bruises I would document on the body map and inform the manager. If nothing was being done I would go to the CQC."

The service had a safeguarding policy and whistleblowing policy. Their whistleblowing information was displayed in their office and this was also provided in a service user guide and in the staff handbook.

Safe recruitment was carried out by the service. New staff completed an interview and provided evidence of past experience and qualifications. The registered manager said, "New staff need to have certain documents before they sign up with us." These included an original passport for identification, confirmation of right to work in the U.K where applicable, two references and an up to date disclosure and barring service check. This check ensures staff working with vulnerable people are of a good character. The compliance manager showed us their system that checked people's recruitment files were up to date and before documents such as DBS expired they would be notified so they could contact staff to renew.

Risk assessments were detailed and provided information on how to mitigate the risk. Records confirmed the service regularly reviewed risk for people and visited people as part of the review process each month. Risk assessments included, choking, falls, bed rails and environmental checks to ensure floors were clear from trip hazards and that people's homes were safe to move around in. Relatives also showed staff how to switch electrical and gas appliances off that they had not used before, to maintain people's safety. Records confirmed that staff ratios were maintained to reduce the risk of injury to people. For example, where hoisting was needed two staff were needed to complete a safe transfer and this was the same where people needed to be turned safely, risk assessment records confirmed this. One member of staff explained how they did this by checking people's beds were at the correct height and that they had another member of staff to

support them.

People with complex needs had further detailed risk assessments where equipment needed to be used. One member of staff said, "Safety matters." The staff member stated they checked people's equipment before use by checking that battery packs on hoists were charged and electric beds were working correctly and clean. Furthermore the registered manager explained if they had identified that certain equipment was needed in people's home to provide safe care and this was not available, they would wait for it to arrive before providing care. For example a bed was unsuitable in a person's home and the registered manager advised the hospital they could not discharge the person at that time until the bed had arrived. This meant people were protected from risks in their home as the service ensure they had the correct equipment.

Medicines were handled safely overall however clarification was needed in some people's care plans as to who was responsible for administering to people as staff were sometimes administering when responsibility was with the relative. We raised this with the registered manager and this was rectified straight away by one of the clinical nurses. People had medication risk assessments which stated the type of medication people took, when it was to be given and who was responsible for administering. A member of staff talked through safe medicine administration and said, "I check the name of the person receiving the medicine, time it should be given and the name of the medicine. I will then tell the person it is time for them to take the medicine and document it, I don't force, If they refuse I record it." Where medicines were not managed by the service there was no medication administration record (MAR). We looked at MAR and they had been completed with staff signatures to indicate medicine had been given. Where we noted a discrepancy in the MAR completion this was raised with the service who addressed it directly with the member of staff.

Medicine audits were carried out monthly by the service at people's houses to check that they had been completed correctly by staff and any issues were discussed with staff during supervision and team meetings. MAR charts were returned to the office and audited each month as another safety check.

There were enough staff to support people and records of staff rotas confirmed the service had enough staff to meet people's needs. People were not left waiting for a long time to receive care and if staff were running late this was communicated to people so they knew someone was on their way to support them.
In the event of an emergency staff told us they would call an ambulance. One relative told said, "They [care staff] don't want to worry me but when [family member] is unwell they have called the ambulance." The relative explained that care staff contacted them if their family member was "not right" this put them at ease and made them feel their family member was safe.

Requires Improvement

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA and found that there was a lack of understanding in this area. Staff had received training and could explain how they supported people who lacked capacity in some areas to make day to day decisions, in relation to their food and clothing by offering them choices. However some people had capacity assessments where it was not necessary as they had capacity and where people lacked capacity in particular in the use of bed rails, a risk assessment had been completed, however there was no capacity assessment or best interest meeting held. We raised this issue directly with the registered manager and they responded promptly and scheduled a meeting with the person's family and care team. We also noted that in one care plan one person's next of kin did not have the appropriate power of attorney to make decisions about their health. The registered manager informed us they were not aware of this and would review all their files to ensure the correct process was being followed. This meant that there was a risk that the principles of the MCA were not being followed where people lacked capacity.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff asked for people's consent to care was requested before giving support to them whether that be to provide personal care or to give medicines. Staff explained they read the care plan to ensure they knew how and what care was to be given in line with people's preferences.

People felt that staff knew what they were doing and they were asked what they needed for their care to be good. One person said, "I have no worries, they are better at it (job) than me." A relative said, "People on the ground are brilliant, carers all good with her." Another relative said, "They know what they are doing, they understand and help with the tracheostomy. [Family member] is getting good care."

Records confirmed that staff working at the service were experienced in the care sector and had level two qualifications in health and social care and some staff were registered nurses which meant they could support the nursing aspect of care the service provided.

The registered manger advised that training was provided to fully prepare staff for the job role. Staff had to complete an induction and also a period of shadowing more experienced staff. During this experience staff were observed by senior staff and nurses at the service to check for competency. Records confirmed mandatory training was provided in health and safety, moving and handling, fire safety, mental capacity, food safety, first aid, safeguarding, medicines and equality and diversity.

Staff were proactive in completing training and the registered manager explained that staff requested specialist training so they could support people fully. Records confirmed specialist training provided was in epilepsy, spinal cord injury, PEG feed (a method of feeding people when a tube is passed into a patient's stomach through the abdominal wall), tracheostomy (an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help people breathe.) Care staff were observed by senior nursing staff to were competent in these areas. This training meant that effective care could be given to the different types of people the service supported.

At our last inspection staff were not receiving supervision in line with the service's policy. Staff felt they were well supported in their role and records showed staff received supervision twice a year and an annual appraisal in line with the provider's policy. Staff said they could approach the manager or their supervisor to discuss work concerns or areas they needed more support in and this was listened to and if refresher training was needed this was provided.

Care plan records showed that some people had a menu in their homes and received fresh cooked meals from staff at the service otherwise relatives provided food. A member of staff stated they prepared healthy food for people and people with diabetes were on a reduced sugar and fat diet.

The service acted where there was a need for adaptations in people's homes to ensure care could be provided. For example where access for a wheelchair user was not available this was discussed with the occupational therapist and a ramp was obtained for a person.

Good

Is the service caring?

Our findings

People told us they were supported by kind staff. One person said, "We get on like a house on fire."

Another person said, "I'm happy with them [care staff]." A relative said, "They are a really caring team, brilliant." The same relative said of a carer, "He's really kind, such a lovely person from day one he knew what he was doing."

The registered manager said they checked how staff spoke to people when in their homes, that their tone of voice was kind and they were treating people with dignity and respect. The registered manager said, "It's their [people's] home they must treat them with respect, the client is key."
A member of staff said, "We are in their [person's] environment we have to comply and ask what they want done to make their life comfortable."

Staff knew the people they cared for well and could describe their likes and dislikes, care plan records confirmed that these types of questions had been asked of people so the service could get to know them. A member of staff said, "The first time I meet people I ask them a little bit about themselves, find out jobs they did, a bit of history." This member of staff found TV programmes that related to his previous profession. The same member of staff said, "I checked the TV for listings, they [person] liked police programmes and he loves it."

Staff showed compassion in supporting people when they were upset, a member of staff gave an example of how they let the person tell them how they felt and they listened to them. Afterwards they asked the person if they would like to have a hot drink and watch their favourite show. The member of staff said, "Later on I saw his mood had changed, had a smile on his face."

People's preferences in their choice of carer were respected, the registered manager explained people were introduced to a number of carers and they chose who they wanted to work with them. Where people expressed a particular language or gender the service tried to accommodate this so that people felt comfortable and were able to communicate their needs. A member of staff explained how they had worked with a family by using a board with the most commonly used words in their language to help staff understand people.

People's privacy and dignity was respected at the service when delivering personal care and when staff were in people's homes. Staff said they ensured doors and curtains were closed and when people were in the bathroom staff ensured other family members did not enter which maintained their dignity. Staff respected people's wishes not to go into certain rooms in people's home and when they held private conversations with their relatives, this meant they respected boundaries and people's personal space.

Relationships for people were maintained and the service helped support people to see their families and external social circle. For example in one care plan someone wanted an electric wheelchair so they could visit their friends at the local pub and the service helped to do this.

During the inspection we observed office staff preparing to deliver Christmas hampers to people who used the service. The registered manager said it was a way to say thank you to people who used the service.

Good

Is the service responsive?

Our findings

People at the service and their relatives were involved in the care planning process all the time and care was personalised for each person. Records confirmed that some people were assessed in their home or within the hospital to determine the level of care needed and to ensure the service could meet those needs. A member of staff said, "The best thing I've found is that we get the history of someone and we go to the hospital to shadow work before they are discharged so we can support them."

How people communicated was documented in their care plan and whether they were verbal or used signs to communicate. One member of staff said, "[Person] can't speak but will gesture with their hands what is needed"

Information was provided on each person's condition and personal history to provide staff with further information on how people needed to be supported. Depending on the type of care needed there were care plans for mobility, personal care, medication, sleeping and communication. Care plans contained details on where people wanted to receive care and how to support people. For example in one plan it stated the person liked to visit their relative to receive personal care there. Care plans stated that people's preferences and needs must be met. Records confirmed that the service was respecting the choices made in the care plan and fulfilling care as desired.

Staff said care was assessed before they went to support people and a care plan was in people's home so they knew what to do. One person said, "I've got a care plan. They come to see me and always tell me about reviews."

People had regular reviews of their care and staff from the office would visit people monthly to ensure care provided met their needs. A relative told us staff from the office did come to visit them to check how the care was and if they were happy with the care staff. Staff would report changes in people that affected how they received care so that it could be reviewed with their health team.

Staff recorded the tasks they completed in people's daily log books when they visited people's home to deliver care. We viewed these records and they detailed that care was given in accordance to people's care plan. Handovers of people's care were also performed with the previous staff on shift to ensure important information about how people had been during the shift was shared. Relatives we spoke to confirmed that staff came early to obtain a handover from the previous staff.

Staff supported people to maintain their lifestyle in aspects of care they wanted. Records confirmed that people had asked to be mobile and staff supported this by taking people to the gym and in one care plan it stated 'to maintain cognition, activities of interest should be given for engagement.'

People took part in a number of activities as part of their healthcare which included exercising people's legs and fingers. Records confirmed people also went to the gym, the day centre and sang songs at home.

Information was provided to people on how to make a complaint within their handbooks, people knew how to make a complaint and advised they would contact the office to speak to someone there. Records confirmed that where a complaint had been received the service had acted on the information to protect people. People were encouraged to send compliments and records showed people were receiving a service they were pleased with, one comment read, "Very grateful for all that you have done for our mother."

Good

Is the service well-led?

Our findings

The service had a registered manager and was supported by care managers and a compliance manager within the service.

People generally were positive about the management of the service. A relative had an issue with getting messages passed on from the main office. They advised they would raise this directly with management.

Staff at the service told us they were supported by the registered manager and could approach her at any time to discuss any work or personal concerns. Staff told us they enjoyed working for the service and with the people they cared for. A member of staff said, "[Registered manager] is pretty good and we have other managers to support us." The same member of staff said of the atmosphere at work, "The atmosphere is good, working here, they [management] protect us at work." Another member of staff said, "We are all respected here, if you need training they will organise it for you. [Registered manager] empathises with you." We spoke to the registered manager who also said of their staff, "I treat my staff with respect. We wouldn't be here without them." This showed there was an agreed feeling of being treated well by management and vice versa.

Staff said information was shared with them and there was openness and transparency within the organisation. There were a number of team meetings that took place to ensure information was shared and to update staff teams with how people were within the service. Office staff met weekly and the registered manager met with the nurses weekly. The nurses who worked at the service met every three months and other care staff met monthly. Staff were also able to discuss work issues during team meetings which took place every month. Records of minutes showed they discussed people's suitability of equipment, changes in medication and any specialist training needed.

A number of records in people's files were completed depending on the nature of the care for example what people ate, the medicines taken (if applicable, fluid charts, PEG feed chart and repositioning charts.) These records were returned to the office so they could be audited by the nursing staff.

The service had a number of quality checking systems to ensure the service was running as it should. These included monthly audits of medication, including MAR charts, reviewing the daily records to ensure they had been completed and fluid charts. Once they had been checked the service placed a sticker to confirm they had been audited. Apart from medication audits the service did not document the checks performed when reviewing the other returned records. A member of the nursing team advised if issues were identified they would be discussed with the member of staff.

We recommend the service follows best practice for documenting the checks involved in other record audits.

The service also sent monthly reports to the clinical commissioning group (CCG) to inform them on the people they supported and of any significant changes that would prompt a review. The report the service

sent was detailed and gave information to the CCG on all aspects of care and how the service continued to support them.

Competence and spot checks were also performed by the service to see how staff performed while at people's homes, that they arrived on time, was a uniform worn, was proper hygiene being followed and equipment used properly.

The registered manager reported incidents to us required and records confirmed this.

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 11 HSCA RA Regulations 2014 Need for consent Regulation 11 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. The registered person did not act in accordance with the 2005 Act where a person over 16 is unable to give consent due to lack of capacity. 11 (3)