

Connected Health Limited

Connected Health Plus

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

Connected Health Plus is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service supports older people and those with needs relating to dementia. Not everyone using Connected Health Plus receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 41 people were receiving personal care.

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

The service was delivered safely in accordance with regulation. Risk was effectively assessed, managed and reviewed to help keep people safe. People were supported to take their medicines as required. Staff were safely recruited although a small number of older records needed updating. Staff understood their responsibilities to report concerns.

People's needs were assessed before the service started. Assessments were subject to regular review to ensure people's needs were still being met. The service worked well with external professionals to ensure people's health needs were met. Staff were supported through appropriate training and regular supervision. People were supported to eat and drink in accordance with their needs and preferences. Staff understood their responsibilities in relation to the Mental Capacity Act and delivered care accordingly.

People using the service and their relatives spoke positively about the way staff conducted themselves and the relationships that had formed. People were supported to express themselves and comment on the provision of care. The service helped people to retain their independence wherever possible and treated people with respect. People's needs in relation to their faith and culture were considered as part of the assessment and care planning process.

Care plans were personalised and contained important details about people's lives, histories and preferences. They were subject to regular review to with the involvement of the person and family members as appropriate. People's needs in relation to communication and accessible information were met in accordance with the relevant standards. Complaints were addressed quickly, and written feedback was provided.

The registered manager completed regular safety and quality audits to ensure the service was meeting people's needs. There was an open and positive culture present which promoted learning. Minor issues identified during the inspection were addressed in a timely manner. The service had achieved good outcomes for people through effective partnership working with families and professionals.

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

Rating at last inspection

This service was registered with us on 18 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

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.

Connected Health Plus

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

The inspection was carried out by an 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 is required to have a manager registered with the Care Quality Commission (CQC). 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 72 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 was completed on 10 February 2020.

What we did before inspection

We reviewed information we had received about the service since it became registered. We sought feedback from the local authority and professionals who work 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.

During the inspection

We spoke with four people who used the service on the telephone and two relatives. We spoke with five members of staff including the registered manager, a service coordinator and three support staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for 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

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and understood their responsibilities to protect people from the risk of harm. Staff were confident about how to report safeguarding concerns.
- We checked the record of incidents against safeguarding referrals and notifications to CQC. All incidents had been reported as required.

Assessing risk, safety monitoring and management

- The service managed individual and environmental risk effectively. Risks posed by the layout of people's homes or the equipment they used was considered as part of the assessment process.
- Individual risks to people were assessed; risk assessments provided detailed information and included guidance for staff to keep them safe.
- Risk was reviewed following incidents and adjustments made where required.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely in accordance with the relevant guidance for domiciliary services.
- The majority of people managed their own medicines and required minimal prompting from staff. Where people required more support, staff maintained accurate records of administration.
- Staff involved in handling medicines had received training around medicines and were assessed as competent to support people with their medicines.
- People were given their medicines at the right time.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. Most people said they had regular staff and changes were rarely made.
- Staff had been recruited safely. However, a small number of older records required review to ensure they met regulatory requirements. This was completed before the end of the inspection.

Preventing and controlling infection

- Effective measures were in place to reduce the risk of cross-infection.
- Staff were trained in infection control and provided with personal protective equipment (PPE) to reduce risk. Staff understood the importance of using PPE when providing personal care.
- The service worked creatively and in a person-centred manner to ensure the risk from infection was

managed differently for each person.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. However, there had only been a small number of incidents since Connected Health Plus became registered.
- Accidents and incidents were recorded in sufficient detail so any trends or patterns could be highlighted.

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. At this inspection 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

- People's needs were assessed before they started using the service. This initial assessment was reviewed once people started receiving care.
- People had personalised support plans in place, which were regularly reviewed. These identified what the person could do independently, but also what they needed help with. For example, one record stated, 'I can administer my own pain relief and I am able to ring the GP if I feel my pain is not controlled.'

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

- The service worked with a variety of professionals to maintain people's health and wellbeing. A professional commented, 'I saw [person] at home this morning and [person] was very complimentary about your support staff. It was clear that the support [person] is getting from your team is having a positive impact on [their] health and wellbeing.'
- People's care plans detailed health support needs. Staff communicated and worked with each other and staff in other services. Referrals to specialists were made when needed, and in a timely way. In relation to a period of ill-health, one person told us, "[Staff] called the GP and then the ambulance."
- Changes in people's health and care needs were shared with staff securely and quickly via an electronic system.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training.
- Training was appropriate and gave staff the skills to meet people's needs.
- Relatives told us staff were well trained and knew what they were doing.
- Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- People made choices about what they ate and drank and where possible were supported to go shopping for their food.
- Where required, staff kept records to demonstrate people ate and drank enough throughout the day.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was operating in accordance with the principles of the MCA. None of the people receiving care at the time of the inspection was being deprived of their liberty.
- Staff understood the need to secure consent before providing care. Where people declined to receive planned care, staff recorded this and reported it as necessary.

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. At this inspection 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 treated people with kindness, compassion and respect.
- Positive and caring relationships had been developed between people and staff. A family member commented, "[Relative] likes them. [Relative] thinks they're all pleasant."
- Staff were able to identify people with different religious and cultural needs and explained how these needs were met. Important information about faith was recorded in care plans.

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

- Regular conversations were held to enable people to raise issues and contribute to the running of the service. Conversations were conducted over the telephone and face-to-face.
- Staff told us how they explained what care they were planning to provide before they began. They understood people's right to refuse care.
- Questionnaires were sent to people and their relatives to monitor the quality of the service provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and their rights to privacy and dignity were protected. A family member said, "Without the help [relative has] had [they] would have found it more difficult."
- Staff understood the need to protect people's privacy and dignity when providing care. They provided practical examples of how they achieved this in people's own homes.
- Confidential information was stored securely and treated in line with data protection laws.

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. At this inspection 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

- Care records were personalised for each individual and contained details about their specific needs and preferences. For example, family and work histories.
- Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. The electronic care planning system notified staff when changes had been made.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. For example, one record contained details of how a person had met their partner.

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.

- People's communication needs were understood, and different approaches were used by staff to promote engagement.
- Care plans contained information about the support people might need to access and understand information. They also contained guidance for staff on alternative forms of communication. For example, 'On a good day I would be able to communicate if I was in pain but due to my dementia I may become confused. Body language such as flinching would indicate I was experiencing discomfort.'
- Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared effectively. For example, one care record stated, 'I do not understand jokes. Everything you say I will take as the truth.'

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 supported to engage in a range of activities and to maintain important relationships.
- People and their families spoke positively about the service and how they were made to feel involved in decisions. One relative said, "They're very good and taken note of things we've said. They've got a good manner."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- Each complaint was recorded and addressed in accordance with the relevant policy.

- The relatives we spoke with had not had to make a complaint but were satisfied that any complaint would be fully addressed.

End of life care and support

- People's end of life wishes were considered as part of the assessment and care planning process.
- Where people had declined to discuss their wishes, this was recorded. Other records contained specific details and instructions regarding preferences to their faith, funeral arrangements and pain management.

Is the service well-led?

Our findings

This is the first inspection for this newly registered service. At this inspection 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 and provider completed regular safety and quality audits to measure performance and generate improvements.
- The response to issues raised during the inspection was positive and immediate.
- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.

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

- The service had a positive learning culture where people were supported to reflect on performance and improve practice.
- People had good outcomes and their health and wellbeing was prioritised by the service.
- People and their relatives told us the care they received had a positive impact. One relative commented, "I've never looked back since I've got them."
- The registered manager and provider constantly monitored the provision of care to further improve people's experience of receiving care.

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 registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found there had been no reportable incidents since the service became registered.

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

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the registered manager was good. Feedback had resulted in changes to the service. For example, one person's call times had been adjusted to better meet their needs and preferences.
- People were provided with information about Connected Health Plus in the form of a welcome pack.

Continuous learning and improving care

- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents in Connected Health Plus and other services were shared with managers and staff to improve practice.
- The registered manager outlined plans for further improvements in safety and quality. For example, electronic recording of medicines administration and a staff location system.

Working in partnership with others

- The service worked with internal and external partners to develop practice.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people.
- The registered manager discussed the benefits of joining local meetings and forums to further develop practice.