

Caring Connections Limited

Caring Connections

Ellesmere Port

Inspection report

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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

Caring Connection Ellesmere Port is a domiciliary care service that provides support and personal care to people living with dementia, physical disabilities, learning disabilities or autistic spectrum disorders and older people in their own homes. Not everyone who used the service received personal care. At the time of our inspection 19 people received support with their personal care. The Care Quality Commission (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

We have made a recommendation about staffing and recruitment. We received mixed feedback about staffing levels from staff, people and relatives we spoke with as part of the inspection. Staff also expressed that their rotas needed to be much more prepared and organised. Pre-employment recruitment checks were conducted and disclosure and barring service (DBS) checks were carried out. Elements of 'safer recruitment' processes needed to be strengthened.

We have made a recommendation about governance. Although quality assurance and governance measures were in place, these needed to be more effectively embedded. Additional oversight and monitoring of the service needed improving.

Risks to people were assessed and reviewed. However, we noted staff needed some additional information in relation to people's medical/health conditions. For instance, information and guidance to follow should a person present with symptoms or signs that medical attention was required.

Medicine administration procedures were in place. Staff were trained, had their competency levels checked and there was an up to date medicines policy in place. However, additional quality assurance checks were needed in relation to the electronic medication administration record (MAR) system and care notes. The electronic systems did not always reflect the information recorded on the MARs we reviewed.

Infection prevention and control (IPC) measures and arrangements were in place. There was a COVID-19 policy staff could consult and PPE was in plentiful supply. However, we were not always assured that staff were engaged in twice weekly COVID-19 testing in line with government guidance.

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.

Safeguarding procedures were in place. There was an up to date safeguarding policy, staff received the necessary training and they told us how they would escalate any concerns they had.

Staff were familiar with the people they provided care and support to. Care records contained a good level of information that was centred around people's wishes and preferences.

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

This service was registered with The Care Quality Commission on 18 May 2021, this was the first inspection of this newly registered service.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. Two recommendations have been made; this is a proportionate response to the corroborated evidence we found. We will continue to monitor the service and will take further action if needed.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Caring Connections Ellesmere Port

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 one inspector, and an 'Expert by Experience'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency, it provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

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

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2022 and ended on 15 July 2022. We visited the office location on 12

July 2022.

What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was 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 the information to plan our inspection.

During the inspection

We spoke with five people over the telephone and seven relatives about their experiences of the care provided. We spoke with the registered manager, four members of staff and received feedback from three external professionals.

We also spoke with the nominated individual; the nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, multiple medication records, three staff personnel files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staffing arrangements and recruitment measures needed strengthening.
- Staff expressed that management of the rostering system needed to be better organised.
- People and relatives told us, "Timekeeping is generally ok", "Time keeping was appalling" and "Morning call can be one hour late."
- Electronic call monitoring records indicated that call times were not always at the times that had been agreed. Although there was no impact on the care people received, improved staffing arrangements were needed.
- Recruitment procedures were in place. Pre-employment checks were conducted, suitable references were sought, and checks were carried out with the Disclosure and Barring Service (DBS). However, some areas needed to be strengthened such as the interview record notes and clarity around gaps in employment.

We recommend that the provider reviews staffing arrangements, consults safer recruitment practice guidelines and improve their practice accordingly.

Assessing risk, safety monitoring and management

- Measures to assess, monitor and manage risk were in place.
- Risk assessments were completed, and risk management plans were put in place for people. Risk management plans for some people needed additional guidance and information for staff to follow and consult should symptoms present.
- Risks and support needs were reviewed and updated as and when needed.
- Internal and external environmental risk assessments were completed. Risks were clearly recorded, and staff were familiar with these.

Using medicines safely

- Medicine administration procedures and processes were in place.
- Electronic medication administration records (MARs) and electronic care notes were completed by staff. We did note some administrative discrepancies in relation to medicine tasks that had been recorded.
- Staff received the necessary training and routine medication competency checks were completed.
- There was an up to date medicine policy in place that staff could consult as and when needed.

Preventing and controlling infection

- IPC measures and arrangements were in place.

- Staff were provided with the relevant PPE, there were up to date COVID-19 policies and procedures in place and IPC training was provided to staff.
- Staff were engaged in twice weekly COVID-19 testing regimes. However, a greater level of oversight was needed in relation to testing compliance.

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

- An up to date safeguarding policy was in place. Staff knew how to escalate their concerns and the importance of protecting people from harm.
- Staff received the necessary safeguarding training. Safeguarding was also a standard agenda item for staff to discuss during their one to one supervision.
- Accident, incident and safeguarding reporting procedures were in place. There was also measures in place to monitor any themes / trends that were emerging.

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 was 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.

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 MCA 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.

- The provider ensured the principles of the MCA (2005) were complied with and legislation and guidance was followed.
- No person receiving care at the time of the inspection had any restrictions in place to deprive them of their liberty.
- Care records contained the relevant level of information in relation to people's mental capacity and their ability to consent to care and treatment was clearly documented.

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

- People's needs and choices were assessed and they received care and support in line with standards, guidance and the law.
- We received feedback that the provision of care was generally centred around the needs, wishes and preferences of people receiving support.
- Care records detailed people's needs and how they were to be met, including the management of risk.

Staff support: induction, training, skills and experience

- Staff told us they were supported, appropriately inducted into their roles and received the necessary training, learning and development opportunities.
- Staff told us, "The managers are supportive", "There was a good induction" and "My training is up to date."
- One external healthcare professional told us, "The staff have good skills and knowledge to enable them to support [person] in a safe and effective way." People told us "If there's anything I can't do they will help" and "Two [staff] are very good."
- Staff received the required level of training that enabled them to provide an effective level of care such as

dementia awareness, dignity in care and health and nutrition. Routine supervisions, appraisals and spot checks were also being completed.

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

- People were supported to maintain balanced diets that were tailored around their nutrition and hydration support needs.
- People had nutrition and hydration risk assessments in place. One person's assessment needed to be updated following a recent change in the support they needed.
- People and relatives told us, "The carers sort out [relative's] lunch and dinner", "Carers encourage [relative] to eat and drink" and "Carers microwave ready meals or warm up food."

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

- The provider worked collaboratively with other services and agencies as a measure of providing an overall level of care.
- Care records contained information about the support people received from external services and agencies.
- External professionals provided positive feedback about the provision of care being provided. Feedback included, "Caring Connections have been professional and followed any guidance/advice that I have provided" and "My client has been happy with the services received."

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 was 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

- We received positive feedback about the way people were treated and supported. People's equality and diversity support needs were respected.
- Staff provided respectful and dignified care. One relative said, "They [staff] are so pleasant and helpful" and "They're very careful and considerate."
- Kind and compassionate relationships had developed between staff and people receiving care and support. External professionals told us, "Kindness, compassion, dignity and respectful care is being provided" and "Staff are kind and know the service user well."
- People told us that staff were familiar with their support needs and provided care that was tailored around them. Comments we received included, "Overall they [staff] are great" and "The carers are 'pretty good.'"

Respecting and promoting people's privacy, dignity and independence

- People received dignified care which promoted their privacy, dignity and independence.
- We received feedback about how well staff understood the importance of providing respectful care that enabled and empowered people receiving care. Comments included, "If there's anything I can't do they [staff] will help" and "The carers and the company look after me very well."
- Positive feedback we received from one external professional included, "[Person] has been shown lots of kindness and the care is provided in a dignified way. [Person's] care has been provided in a respectful way."
- Confidential and sensitive information about people was protected; General data protection regulations were complied with.

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

- People were encouraged to express their views and were involved in decisions that needed to be made about their care.
- The provider had different measures in place to capture people's feedback. For instance, well-being calls were routinely scheduled to capture feedback and suggestions.

Is the service responsive?

Our findings

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

This was 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.

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 support needs were assessed and supported from the outset.
- People had the opportunity to express their preferred methods of communication and the level of support and adaptations that were needed.
- People's care records and risk assessments contained relevant AIS information for staff to understand and follow.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was planned; people were supported to have choice and control to meet their needs and preferences.
- Care records contained 'About me' information as well as other information documented in 'care visits and task' information. Staff developed a good understanding of people's needs, wishes, and preferences.
- Feedback confirmed people received a tailored level of care that had been discussed at the assessment stage. Although we did receive some feedback to suggest that call times did not take place at agreed times. This was shared with the registered manager and the Local Authority following the inspection.

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 maintain relationships and engage and partake in activities important to them.
- Staff were familiar with people's care tasks, daily routines, and outcomes that needed to be achieved.
- Care records contained information such as 'Ensure you give me encouragement, allowing me to participate in my own health, independence, choice, safety and comfort within my home.'

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure in place.
- People and relatives were provided with information about how to complain.
- During the inspection, a complaint was raised with the inspection team and the provider. This was being responded to by the registered manager.

End of life care and support

- End of life care was being provided at the time of the inspection.
- Staff received end of life training as a measure of ensuring the most responsive level of care was being provided. One care record needed to have some additional information surrounding the advanced decisions the person had made.

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 was the first inspection for this service newly registered service. This key question has been rated requires improvement. This meant the service management and leadership processes required improvement. Strengthened quality assurance measures needed to be implemented to assure the delivery of high-quality, person-centred care.

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

- Risk management measures, monitoring processes and quality performance arrangements needed to be strengthened. Aspects of 'safe' and 'well-led' care needed to be reviewed and processes needed to be further embedded.
- We identified some shortfalls in relation to care record documentation, medicine administration, recruitment and IPC arrangements.
- Roles and responsibilities were understood but additional improvements were needed to ensure people received overall high-quality, compassionate level of care.

We recommend that the provider reviews aspects of their quality assurance systems.

- Incident reporting procedures and complaint processes were in place. These helped to identify improvements that were needed.

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

- We received positive feedback about the culture created by staff from external professionals. However, mixed feedback was received by people receiving care and their relatives. Comments we received included, "Can't fault them [staff]" and "[Relative] is very disappointed" and "It's a patchy service, some [staff] are good, some not."
- The provider worked with external healthcare professionals and services to make sure people received an overall level of care.
- The provider ensured they made the necessary referrals to other healthcare professionals as and when needed.
- Professionals expressed that a good provision of care was provided, staff followed their advice and guidance and effective levels of communication were maintained.

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

- The provider engaged with others to capture their feedback about the quality and safety of care being provided.

- Care reviews regularly took place. Well-being calls were conducted, and people and their relatives were encouraged to leave reviews about the care received.
- We received some feedback that the provider had not been responsive to issues that had been raised regarding the new digital system that had been implemented and staffing levels. This was raised with the registered manager following the inspection.
- Staff expressed that they felt supported and enjoyed working for Caring Connections, but better organisation was needed in some aspects of service delivery. Comments received included, "I feel listened to and supported", "Could be better organised" and "Rota could be better managed." This feedback was provided to the registered manager following the inspection.

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 provider understood the importance of complying with duty of candour responsibilities.
- The provider was aware of their regulatory responsibilities; the provider submitted notifiable incidents to both CQC and local authority accordingly.
- We received positive feedback about communication between the provider and external professionals who were involved in people's care. One external professional told us, "Caring Connections have contacted me in a timely way when any issues/concerns have arisen on their care calls."