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Care Connect Homecare Services

Inspection report

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This was an announced inspection which took place on 15 and 16 August 2017. The inspection was announced to ensure that the registered provider or another responsible person would be available to assist with the inspection visit.

The service was last inspected in June 2016. At that inspection we found two breaches in the Health and Social Care Act 2008 Regulated Activities Regulations 2014 in relation to the management of people's prescribed medicines and recruitment procedures. This resulted in us making two requirement actions. The provider sent is an action plan telling us what action they were to take to make the necessary improvements. During this inspection we checked to see what action had been taken. We found that improvements had been made and the requirement actions had been met.

Care Connect Homecare Services is a domiciliary care agency providing personal care and support to people living in their own homes across Bury and Radcliffe. At the time of our inspection the service was supporting approximately 130 people.

The service has a registered manager. However they have been absent from work since October 2015. Alternative management arrangements were in place to support the day to day running of the service. 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.

Systems were in place to support people with their prescribed medicines. During this inspection we have made a recommendation about the management of some medicines.

People and their relatives told us they were happy with the care received and that staff supported them in a dignified and respectful manner. Staff spoken with demonstrated a clear understanding of their responsibilities and gave examples of how people's privacy and dignity was promoted and maintained.

Robust recruitment procedures were in place ensuring only those applicants suitable to work with vulnerable people were appointed. More effective arrangements were being put in place to help ensure people were supported by sufficient numbers of staff in a consistent and planned way.

People told us they felt safe with the staff that supported them. Staff had completed training in how to safeguard people from abuse and knew the action they should take if they had any concerns. Suitable arrangements were in place where the agency had access to people's house keys and finances. These systems helped protect people who used the service.

The service worked closely with other professionals so that people's physical and health care needs were

effectively met. Areas of potential risk had been identified, assessed and planned for to help reduce or eliminate the risks to people.

People told us they were actively involved and consulted with in planning their support package. Staff were aware of the importance of seeking people's permission before carrying out tasks.

Opportunities for staff training and development were provided enabling staff to develop their knowledge and skills. This helped to ensure people were supported safely and effectively so their individual needs were met.

Suitable arrangements were in place to help ensure people's nutritional needs were met.

People's care records provided sufficient information about their wishes and preferences and guided staff in the support people wanted and needed.

The provider had a system in place for the reporting and responding to any complaints brought to their attention. People and their visitors told us the office and care staff were approachable and were confident they would listen and respond to concerns raised.

We saw effective systems to monitor, review and assess the quality of service were in place so that people were protected from the risks of unsafe or inappropriate care. Opportunities were provided for people, their relatives and staff to comment on their experiences and the quality of service provided.

The provider reported any accidents, serious incidents and safeguarding allegations which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe.

Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

The CQC rating and report from the last inspection was displayed at the agency office as well as on the provider web site.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We have made a recommendation about the safe and effective management of some medicines.

Required information and checks were obtained when recruiting new staff. More effective arrangements were being put in place to help ensure people were supported by sufficient numbers of staff in a consistent and planned way.

People's health and well-being was protected as risk assessments had been completed where areas of concern had been identified. Suitable arrangements were in place to ensure people and staff had the necessary equipment needed to keep them safe. Staff had received training on identifying and responding to allegations of abuse.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Suitable arrangements were in place with regards to consent and capacity. People were actively involved in planning their care and support. The provider was aware of their legal responsibilities where restrictions were in place so that people's rights were protected.

People had access to a range of health care professionals so that their physical and health care needs were effectively met. Where necessary people were supported in meeting their nutritional and hydration needs.

Is the service caring?

Good

The service was caring.

People spoke positively about the care and support offered by staff. We were told staff were kind, caring and respectful towards

them.

Those staff we spoke with were able to demonstrate they knew the people they supported well. Staff expressed how they promoted people's independence and offered privacy and dignity when providing care.

People's records were stored securely so that people's confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

People and where appropriate their relatives, were involved in the assessment and planning of their care and support. Plans provide sufficient information to guide staff in the support people wanted and needed.

Care records included information about the individual likes, dislikes and preferences of people.

People and their relatives told us they felt able to raise any issues or concerns should they need to. People were confident staff would listen to and respond to any matters brought to their attention.

Is the service well-led?

Good

The service was well led.

There was a manager in place who was registered with the Care Quality Commission. However they had been absent from work for some time. Alternative arrangements had been put in place to oversee the day to day management of the service.

Effective systems were in place to monitor and review the quality of service provided. Opportunities were provided for people and other stakeholders to comment about their experiences. Both people who used the service, their relatives and staff spoke positively about the provider and management team.

The provider was aware of events such as accidents or incidents, which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe. Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

Care Connect Homecare Services

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.

Prior to the inspection we contacted the local authority quality monitoring and safeguarding teams and Healthwatch Bury to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC.

Before the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed by the provider as requested and returned to CQC. Information provided was used to inform the inspection.

The inspection took place on 15 and 16 July 2017 and was announced. The provider was given notice before our visit and advised of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one adult social care 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

As part of the inspection we spoke with fifteen people who used the service and the relatives of five people by telephone. We also visited, with their permission, four people and their relatives in their own homes. In addition we spoke with ten support staff, the care manager and one of the registered providers.

We also looked at five care files, medication administration records (MARs) for five people, recruitment records for five staff members, staff training and development records as well as information about the management and conduct of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we identified the provider had not ensured a safe system of medication management was in place ensuring people received their prescribed medicines safely and effectively. This was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

During this inspection we looked at how the service supported people with the management and administration of their prescribed medicines. We found previous issues in relation to regular audits, evidence of staff competency assessments and complete medication administration records had been addressed. This helped to ensure people were provided with safe and effective support in relation to their prescribed medicines.

Nine of the people we spoke with said they were supported with their medication. All said they were happy with the timing and how the medication was administered. People told us; "They (carers) check I have taken my medication", "They give me my tablets and get me a glass of water", "The carers give me my medication, luckily I have a four hour span to take it, so it's okay. Carers are good I am happy with this", "They carers help me put my patches on my back. I am happy with how they do this", "Yes they give me my tablets I have a dish they put them in. They watch me take them and I get them at the right times. If I have pain in my legs they gave me my pain medication, when I need it. I also have cream on my body, they do it every day. They do it all well and I am quite happy with them"

Policies and procedures were in place to guide staff on the safe administration of people's medicines. Records showed and staff spoken with confirmed that medication training was provided. Senior members of staff had also completed additional training and had responsibility and oversight for the medication administration records (MAR's). Medication competency assessments were also completed to ensure staff practice was safe.

We reviewed the records for five people. Information outlined the level of support people needed to manage their medicines and a risk assessment was completed outlining arrangements for the ordering and administration of medicines and where medication needed to be returned to the supplying pharmacy. The MAR's we looked at were completed in full with details of the medication dose and frequency. Codes were used where relevant and an explanation was detailed on the back of the MARs. We noted two people were prescribed PRN 'when required' medicines. There was no information to guide staff when these should be administered. Records showed 'when required' medicines had been administered on a regular basis. We discussed this with the provider and care manager as this practice did not reflect the guidance set out in the policy and procedure staff were to follow.

We looked at the medication arrangements for two people. Medication support had been put in place as a matter of urgency due to changes in the persons support needs. We found that medicines had been dispensed by a third party and then administered by staff. No MARs had been completed to evidence the

two people had been given the correct prescribed medicines. We raised our concerns with the provider and care manager. Immediate action was taken. We reviewed this again when we visited the people on the second day of our inspection. Appropriate arrangements had been put in place.

We recommend that the provider considers current good practice guidance on the management of medicines for adults receiving social care in the community and takes any further action required to update their practice accordingly.

At our last inspection we identified the provider had not ensured robust recruitment procedures were followed so that people were kept safe. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met.

We looked at the recruitment files for five staff. Robust procedures were in place. Records showed that appropriate checks were made prior to applicants being offered employment. These included an application with full employment history, written references, copies of identification and interview records. Checks had been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was detailed on files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

At the time of the inspection there were 50 staff employed by the service. The provider acknowledged that there had been some turnover in staff however this was now more settled. Whilst on-going recruitment was taking place we were told that sufficient numbers of staff were available to cover the current packages of care. The service was looking to build up a 'bank' of staff so that more flexibility could be provided to cover sickness and leave.

Most of the people we spoke with said staff were reliable and consistent, whilst others had experienced late calls during weekends, evenings and holidays when regular members of staff were not available. A review of the complaints records showed that people had previously raised concerns about these issues. People we spoke with during this inspection talked about how support at times had been inconsistent and unreliable. However people acknowledged that recent improvements had been made.

In response to people's concerns we were told that staff were allocated work in a specific area so visits could be easily co-ordinated and reduce travelling time, particularly for those staff who did not have transport. The service had also introduced a new 'rolling' rota, which meant better continuity could be provided. This was confirmed by the staff we spoke with who said weekly rotas generally remained unchanged so that they supported the same people. People we spoke with were aware of the changes being made. They told us; "They have just started something called a rolling rota. It is working really well, the staff seem happier and not as tired", "At night I don't know who is coming through the door. They have just started a new rota, if it stops like this it will be alright and I think it is better for the girls", "There are peaks and troughs but at the moment it is fine, actually of all time I have been with the company they are at their best.", "They are reliable and one carer comes during the week and one at the weekend" and "When I started having them I was having few different ones, now have two regular carers." Consistent and reliable support helps offer people continuity in their support.

People who used the service and staff had access to out of hours 'on-call' support in the event of an emergency or issue arising. We were told that on-call support was provided by the care managers, care co-ordinators and senior care staff. The service also had a business continuity plan in place to advise staff how

to respond if there was an emergency at the service; this included how the service would respond in the event of adverse weather conditions, restricted action, fire or theft. This helped to ensure any issues were addressed quickly so that continuity in care was provided.

The service had a policy in relation to lone working. We were told that staff working alone at night were to notify the 'on-call' they had arrived home safely. Personal alarms were also provided for staff should they want one. This was confirmed by those staff we spoke with and offered some reassurance that support was available should an issue arise.

We were told a number of people supported by the agency had a key safe at their home, which staff had access to. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. We looked at how key safe numbers were stored so information was kept confidential. We saw that information was recorded on individual files as well as electronically and only shared with those staff visiting the person. Where staff were requested to visit someone at short notice, to cover sickness for example, numbers would be passed on by office staff or the person on call. Numbers were changed periodically, for example when staff had left employment. This helped to ensure information was kept confidential and people's property was protected.

People we spoke with confirmed the arrangements in place so that staff were able to access their homes. People told us; "I do have a key safe on the wall", "I have key safe, I gave them permission for it", "They lock me in at night. I am happy to have the key safe" and "I have a key safe outside. The get the key when they come in and lock the door when they go out."

We were told that some people were supported with tasks such as shopping. Records showed that all transactions were recorded and receipts were kept. These were monitored and reviewed by senior staff. People we spoke with confirmed what we had been told. They said; "If I run out of bread or milk, the carer will go shopping. I pay her and I trust her with money and she gives me the right change" and "They do my shopping every week. I give them cash; they get a receipt and put it in the book and expense sheet. I definitely get the right amount of change." This demonstrates that safeguards were in place to protect the person and their finances.

We looked at how the agency protected people from the risk of abuse. We asked people and their relatives about their experiences and if they felt the service provided safe and effective care and support. People told us, "Totally safe", "I do feel safe, no qualms about that", "I feel safe, I love them coming", "Yes no problems at all", "Yes, as I am comfortable with the carers", and "Yes, I feel safe because I have one main carer. The carer checks if I am still in the shower when she comes, she will wait to until I come out, to make sure I am safe." The relatives of people also spoke positively about the service. Their comments included; "Yes, so far so good" and "At the present time, the one (carer) who comes is fine."

Prior to our inspection we had been notified by the provider of safeguarding incidents in relation to the well-being of people. Information had been shared with the local authority and where necessary relevant action had been taken to help ensure people were kept safe.

Staff had access to safeguarding policies and procedures as well as a whistle blowing procedure (the reporting of unsafe and/or poor practice). Records showed and staff confirmed that safeguarding adults and children training had been provided. Staff we spoke with were also able to explain the procedures and what they would do if they thought someone was at risk of or had been harmed. What they told us demonstrated they knew what action to take so that people were protected.

Other policies and procedures were in place to promote the safety and protection of people. These included information about the recruitment and selection process, lone working, dealing with emergencies, disciplinary and confidentiality.

We saw that risks to people's health and well-being were assessed. These explored areas such as, administration of medication, nutrition and hydration, moving and handling, fall and diabetes. Assessment identified the level of risk to the person and the action needed to help minimise the risks to people so they were kept safe.

We saw that environmental assessments were also completed in people's homes. These explored the safety and suitability of the floors and stairs, electrics appliances, lighting and fire detection. Assessment were completed on commencement of support and reviewed annually or if the persons needs changed. We were told and records showed that fire safety training was provided for all staff as part of the induction and updated on an annual basis.

We looked at what arrangements were made to ensure equipment used by people was regularly checked to ensure they remain safe to use. A review of people's records showed what equipment was in place and who had supplied it. We were told by staff that any concerns with equipment would be reported to senior staff who would liaise with the supplier. Likewise, if staff felt someone's needs have changed and aids were required the service would make the necessary referral so that the appropriate items could be provided.

People we spoke with said they had the equipment they needed and that the care staff were skilled in using it. They commented, "Yes I have a have walking aid, a zimmer frame and walking sticks", "They (carers) hoist me and use the correct procedures" and "I have a hoist and shower chair, the carers know how to use it." One relative stated that the service was currently supporting them regarding this. Adding, "We've had a care renewal (review); we need an assessment and equipment. She (care co-ordinator) has organised a referral for us to an Occupational Therapist and to the District nurse."

We saw that the service had infection control policy and procedures. These provided staff with guidance on the prevention, detection and control of the spread of infection. As part of the programme of training staff completed training in this area and renewed on an annual basis. Staff spoken with confirmed they had completed training and had access to personal protective equipment (PPE) such as gloves, where this was needed.

People we spoke with confirmed that staff wore uniforms and used PPE when assisting people with care tasks. We observed this during our visits to people's homes. One person we spoke with told us; "I have a shower every day it is down on my care plan. The carers wear gloves and act in a clean way. If they take the gloves off they wash their hands." The relatives of people also commented; "Yes, no problems with that", "They wash [relatives name] down and shower and they wear gloves and aprons. They are very tidy" and "They see to [relatives name] in a morning, give him a body wash. They are clean and always wear gloves." This helped to ensure people and staff were protected against the risks of infection.

Good

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During this inspection we checked to see if the registered manager was working within the principles of the MCA. The service had policies and procedures on file to guide staff with regards to capacity and consent. A review of records showed that training in MCA had previously been provided for long standing members of staff however had not been completed by newer members of the team. Following a discussion with staff responsible for planning training, we were told this this would be reintroduced. Those staff we spoke with were able to demonstrate some understanding of the MCA and described how they offered people choice and encouraged them to make decisions for themselves.

We found that capacity assessments were completed with people to establish their ability to consent to their care and support. There was evidence on people's care records of their written or verbal agreement with regards to the service provided. Where this was not possible senior staff had consulted with an appropriate representative.

All the people we spoke with felt they could discuss with the staff how they wanted to be supported and that they were able to make their own decisions. People said staff asked for their consent and agreement before undertaking tasks: People said; "Yes they respect my choices, I don't have any complaints", "Yes they do", "They ask me what I want them to do", "Yes and they know what I want", "Yes she (carer) asks is it alright if I do this or that" and "They actually say what do you want me to do."

We looked at what training and development opportunities were offered to staff. We reviewed training records and spoke with the provider, care manager and staff about the programme in place.

We also asked people and their relatives if they considered staff were suitably trained and skilled to provide the support needed. The majority of people said experienced staff had the skills needed to support them or their relative. However several people felt the less experienced staff would benefit with further training. This had been raised with senior members of staff. People told us; "Yes (trained) they are excellent" and "Two regular carers are very good and very well trained". People's relatives also said, "Yes definitely (skilled), the one we have got", "I think so, they seem to be professional and know they what they are doing" and "Yes trained, I can see by the way they handle [relatives name]."

We saw all new staff were expected to complete a programme of induction which included mandatory training in areas such as moving and handling, medication, equality and diversity, safeguarding, infection control, health and safety, nutrition and awareness of dementia. New staff were also provided with an induction pack which included; a code of conduct, staff handbook and relevant policies and procedures.

The induction explored modules set out within the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers.

In addition to the training we were told that staff completed shadowing sessions (working under the supervision of an experienced care worker). Shadowing periods varied depending on the needs of the person and staff experience. People spoken with confirmed what we had been told.

Staff told us they received on-going training and felt they had the knowledge and skills to support the people they visited. An examination of the training plan confirmed that staff received annual updates in all areas of training provided at induction.

We were told there was a programme of supervision and appraisal as well as team meetings. Staff spoken with and records seen showed that occasional 'patch' meetings were held. We also saw that spot checks were carried out to check that staff continued to provide the standard of care expected. One relative we spoke with said they had experienced spot checks being undertaken. Adding; "Previously I have seen someone doing a spot check on the staff."

We were told and information showed that the service worked in partnership with other professionals to ensure people's physical and health care needs were effectively met. A review of people's records showed that people were registered with a GP and had access to the incontinence advisor, district nurses, physiotherapists and occupational therapist. People told us; "They call the doctors, if I need them", "Yes the carer have done that, if I am ill for a couple days, the carers write it down and call the doctor and I get a home visit" and "We had a care renewal (review), [person's name] needed an assessment and equipment to help them. Staff organised referral for us to an Occupational Therapist and to the District nurse." People's relatives also commented, "If carers notice anything they tell me" and "Staff let me know about any concerns, for instance [relatives named] had an infection, they noticed it straight away and put the creams on."

We saw that consideration was given to people's nutrition and hydration. Information was recorded in people's care records of any support they may need . Eleven people we spoke with said they received support from staff with the preparation of meals and/or shopping. They all stated they were given a choice of what they would like to eat and they were happy with the service provided. Comments received included; "(Carer) makes sure I am okay, makes me a drink and washes the breakfast pots up", "They make me a meal, do what I want them to do. It is a nice meal", "They heat my meals for me, I'm happy with this", "When they make breakfast they always ask if I want my usual drink or something else", and "They make my meals, I have a choice and I am happy with them."

Good

Is the service caring?

Our findings

We asked people and their relatives about the care and support provided by staff. All the people we spoke with and their relatives considered staff to be kind and caring. People said, "Of course they do they are very nice", "Yes very much so, always treat me with respect. You can feel vulnerable when you in the bathroom and they make me feel very comfortable with them." People's relatives also told us, "Yes, no problem at all", "They are very patient with [relatives name], very caring" and "They are kind and caring." All the people who responded to our feedback surveys told us that staff always treated them with dignity and respect and provided support in a caring and kind way.

People spoke positively about the staff and felt they had a good understanding of their individual needs. Two people we visited said they had received consistent care for a number of years. They described the staff member as "a gem." Adding "We could not have managed without her" and "I would trust her with my life." Other people commented; "I get on well with the carers", "We have a chat, they are very very friendly", "Yes, they are kind and we have banter with one another", "They are nice and caring. You can have to have a laugh and it makes you day" and "Good to have a good conversation with them, I am very contented." The relative of one person also told us, "Yes, she [staff member] knows [relatives name] well as she has been coming most of the 17 years we have used the service. She knows [relatives name] personality. The continuity makes all the difference."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required.

People told us that staff were considerate and respected their privacy and dignity. We were told staff would always knock and announce themselves when entering people's homes. People gave examples of where staff assisted them with personal care in a sensitive manner. One person told us, "The people (carers) who come are not rushed, they are very good", "I have five really brilliant girls", "The do everything I need them to do."

Staff were also able to give us examples of how they offered support in a dignified way, for example; providing care in private, closing curtains and doors and giving people privacy when using the bathroom.

Staff were said to encourage people to maintain their independence and offered support and encouragement when needed. One person told us, "Oh yes, [staff member] encourages me to do everything for myself as I like to be independent." Other comments included, "They suggest ways I can do things for myself and things at the end of the day which keeps me safe" and "At first I had help, now I don't need as much."

The majority of people we spoke with said staff stayed the allotted time and ensured all tasks were completed. People told us; "Yes they stay and do what they have to do", "The do stay for the full half an hour" and "Always on time, were late once but they did ring and let me know. No missed calls and they stay

for the right amount of time."

People's records were stored electronically in the main office. Computers were password protected. This helped to ensure that confidentiality was maintained.

Good

Is the service responsive?

Our findings

We spoke with the care manager and provider about the assessment process and planning of people's care. We were told and saw information to show that basic information was received from the local authority. The service was asked to confirm if they were able to offer a service. Once agreed further information would be gathered about people's social history, wishes and preferences as well as their support needs.

We asked people and their relatives if they had been involved in the assessment and care planning process so that information reflected their views. The majority of people we spoke with said they had been involved in planning their care and support. People said they had copies of their care records along with information about the agency, such as the office and out of hours contact details along with a copy of the service user guide. During our visits to people's home we saw evidence that this information was readily available.

We were told that an initial six weekly review would be completed to ensure the package of care in place was meeting the person's needs. An annual review was then undertaken unless there was a change in the support required. Some of the people we spoke with confirmed that reviews had also taken place due to changes in their circumstances. This helped to ensure the care plan reflected the person's current and changing needs.

Comments received from people and their relatives included; "A few weeks ago I had an assessment, I am I satisfied I get what I need", "I have a care plan and they do a review now and again", "I have a care plan, this was revised in May as I was in hospital", "They come and review once a year and fill out a form to check what they are doing is enough, if [relatives name] has deteriorated or if we need any more help" and "They came and did assessment at the beginning, not done review as yet."

We looked at the care files for five people. Records included the local authority assessment, a personal history including people likes, dislikes and pretences, the support plan and relevant risk assessments. Records showed the tasks to be completed at each visit. Additional records were also completed including a visit report and medication records, where necessary. On review of people's records we found that information in the support plan and risk assessments reflected what we had been told and provided sufficient guidance for staff in the delivery of people's support.

Most of the people we spoke with and their relatives said they knew how to make a complaint if necessary. People said they had access to relevant information should they need to refer to it. Those people who had previously raised concerns said the matter had been addressed appropriately. Their comments included; "Yes, the number is in the file" and "Yes, I know how to contact care connect, Social Services and Care Quality commission if needed. But I don't have any complaints".

Some people gave examples of where they had raised concerns and how this had been handled. We were told, "They sent a male carer when I started, I told they I didn't like this so they sent a replacement, I'm happy how they handled it" and "I had a girl start a few months ago, she was hopeless and didn't know how to do anything. She never read the book, I rang the office and said I think she wants a lot more training. They

took it on board and I didn't see the carer again." One relative also commented, "I have the number to ring if I had a complaint, but I have had no need to complain."

Good

Is the service well-led?

Our findings

The service has a manager who was registered with the Care Quality Commission (CQC). The registered manager is also a partner in the company. However they have been absent from work since October 2015. Alternative management arrangements were in place. During the inspection we were assisted by the responsible person, who is also a partner in the company and the care manager.

People we spoke with were unsure who the registered manager was but were familiar with the care manager and members of staff based in the office. They commented; "I don't know the manager. But I am very content with the service. It is excellent", "I feel I can ring the office, I can talk to anyone. I would speak to the area manager as I know her and have her number" and "I know her she has been to see me, she is lovely."

People and their relatives said that office staff were approachable and listened to them. They told us; "I have rung the office to cancel a visit and rang the emergency number, they were totally respectful and cheerful", "Yes I've rung the office, normally they sort it out", "Very approachable", "I know some of girls in the office they are pleasant. I know they are there and I can contact them if necessary" and "I have rung the office, they are very nice and have done what is required."

We looked at what systems were in place to monitor and review the quality of service people received. We found a range of systems in place, which enabled the service to identify and address areas of improvement. Monitoring systems included a review of safeguarding incidents, accidents and incidents, medication, care plans, recruitment and staff training and development. These were kept under review and information showed when further checks were scheduled to take place. This helped to ensure the service was providing safe and effective care.

The service utilised an electronic system, which monitored visits to people's home. Staff were required to dial in on arriving at a person's home and dial out when leaving. This information was used for monitoring purposes as well as invoicing. We were told this system was not fully effective as not everyone who used the service had agreed for staff to use their telephone or did not have a telephone. Therefore paper records were also completed by staff and reviewed on a weekly basis to ensure people were receiving the agreed number of hours.

The management team also carried out unannounced 'spot checks' and observations on staff to check they were delivering the standard of care required. This enabled them to identify any training or practice issues which may need to be addressed with staff.

We were told that opportunities were made available for managers and staff to meet together, to discuss their work and offer support to each other. One of the care co-ordinators we spoke with said they met with staff covering the geographical areas they supported. These had been more effective as it was difficult to get the whole care team together. Staff spoken with confirmed that meetings were held and minutes of the matters discussed were recorded. These provided staff with the opportunity to meet together and share ideas, as well promote consistency across the services.

The provider told us that annual feedback surveys were sent to people who used the service, their relatives and staff. The last report for people who used the service was published in January 2017. Of the seventy questionnaires sent out, 16 were returned. The responses showed that people were 84% positive about the quality of service provided. Some of the people we spoke with who had been receiving services at the time the surveys were distributed told us; "They do one (survey) every year", "Yes I did one a while since" and "Yes we did one three or six months ago and they have also rung twice to ask if everything is okay."

A more recent report was published in August 2017 following feedback received from the staff surveys. Information showed that 25 surveys were sent out, of which 40% of staff (10) responded. Eighty two per cent of responses felt Care Connect provided safe and effective care, responded to people needs and were well-led. Three staff we spoke with said the service had experienced some difficulties over the last 12 months however "things are improving". Staff told us the provider had been very supportive and recognised the hard work and commitment of staff, which they had appreciated and had improved morale. One person we visited said "The service is only as good as the staff they employ and in my experience this is very good."

As part of this inspection we too sent out feedback questionnaires to people who used the service, staff and professionals. We received 16 responses. A staff member commented; "The management team has changed. This has improved the way in which all aspects of the company is run, I enjoy working for Care Connect and feel confident that as a company we do the best for service users and staff." A professional who responded also said; "We provide our pharmacy services to Care Connect clients. We have close contact from the carers who are always very prompt to inform us with any medication changes. It's refreshing to see a local home care agency providing a high standard or care and we happy to be a part of that."

We saw the service had policies and procedures in place, which were kept under review. There was a Statement of Purpose and Service User Guide which provided people who used the service and other interested parties with details of the services provided by Care Connect. This should help to inform people about what to expect from the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding concerns, accidents and incidents. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and main office.