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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?

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

Care Connect Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection there were 85 people using the service, 75 of them were receiving personal care.

Not everyone who used the service received 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 and what we found

People told us they felt safe and were happy with the service they received. They said staff were kind, caring and friendly. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work for the agency. There were enough numbers of staff deployed to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. We found the management of 'as needed' and external medicines was not consistent, however, the provider recognised the shortfalls and additional improvements were being made in relation to the process and to the auditing tool. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others. Accidents and incidents were monitored and infection control processes were managed well.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Staff received ongoing training, supervision and support. People were supported at mealtimes in line with their support plan and staff worked in partnership with healthcare professionals, when needed.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. People's care was tailored to their needs and staff knew about their routines and preferences. People, or their family members, had been consulted about their care needs and had been involved in the care planning process. People had access to activities if this was in line with their care plan. People knew how to raise any complaints, concerns and compliments.

Improvements were being made to the way the quality of the service was monitored in areas such as medicines management and record keeping. When any shortfalls were noted, appropriate action had been taken. Staff received support from management team and they felt valued. People's views and opinions of the service were sought and acted on.

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

Rating at last inspection

The last rating for this service was good (published 8 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

Care Connect Homecare Services

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.

The service had a manager registered with the 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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 7 January 2020 and ended on 8 January 2020. We visited the office location on 7 January 2020.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications

the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We contacted the local commissioners for their views about the service; they had no concerns.

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 visited the registered office and spoke with the registered manager, the provider, a training and recruitment manager and a carer. We also spoke with six people who used the service, five family members and four care staff on the telephone about their experience of the service.

We looked at the care plans and associated records for four people who used the service. We reviewed records relating to how the service was managed; these included staff training and recruitment records, six medication records, induction and supervision records, quality assurance systems and policies and procedures and responses from the recent customer satisfaction survey. We also looked at the outcome from the most recent commissioner's report.

After the inspection

We reviewed information sent to us by the registered manager including medicine audits, training records and capacity assessments.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, we recommended the provider reviewed the processes in relation to prescribed 'when required' medicines as there was no information to guide staff when these should be administered. During this inspection, we found the provider had made improvements.

- The service had access to best practice guidance in relation to medicines management and revised policies and procedures were available to all staff. Staff were trained to administer medicines and checks were carried out on their practice.
- The registered manager and staff followed clear guidance to ensure people's medicines were managed safely. However, we found the management of some people's external and 'as needed' medicines was not consistent. We discussed the need for clear guidance for staff. Following the inspection the provider confirmed all medicine records had been reviewed and improvements had been made to the medicine audit. One person said, "They are very thorough with the medicines."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe and were happy with the support they received. One person said, "I feel safe with them".
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures. Staff had no concerns about the service.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. Staff were given guidance on how to safely and consistently manage risks.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.

Staffing and recruitment

- The provider ensured clear recruitment and selection processes were followed and appropriate checks were carried out on potential staff prior to employment.
- The provider ensured enough staff were available to meet people's needs, and support was flexible around people's lifestyles. A matching process ensured, where possible, staff skills were matched to

people's care, support and communication needs.

- People and staff told us there were enough numbers of staff deployed to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. The majority of people told us they received timely care from the same team of staff who were familiar with their needs and preferences; two family members felt the timing of visits could be improved.
- The registered manager monitored staff attendance. This ensured staff arrived safely and carried out their visit in line with agreed times.

Preventing and controlling infection

- The provider had an infection control policy in place, staff had received appropriate training and had access to gloves and aprons when required.

Learning lessons when things go wrong

- The provider promoted an open culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings.
- Management and staff completed records of any accidents and incidents and reported them to the appropriate agencies. The registered manager carried out an analysis of the accidents and incidents to determine whether there were any trends or patterns.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager ensured assessments of people's needs were carried out before they started using the service to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Policies and the initial care assessment supported the principles of equality and diversity and staff considered people's protected characteristics, such as age, sexuality, religion or belief. However, this information was not always recorded in people's care records. The provider addressed this following the inspection.
- Management and staff used technology and equipment to deliver effective care and support. The service had internet access, call monitoring systems, movement sensors and pressure relieving mattresses.

Staff support: induction, training, skills and experience

- The provider ensured staff received a range of appropriate induction and training to carry out their role. The training was monitored by a dedicated training officer. People felt staff were experienced and competent.
- The management team provided staff with support and supervision. Staff were given opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from the management team.

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

- Staff supported people to eat and drink enough in line with their care plan and with their preferences.
- Staff supported people with healthy eating and with specific dietary needs based on health and cultural needs.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

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.

- The management team and staff were aware of the principles of the MCA.
- The registered manager and staff worked appropriately with people, their representatives and other agencies to ensure people's best interests were maintained under the MCA. The management team were reviewing records to ensure people's capacity to make decisions was assessed and recorded appropriately.
- Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives. People told us they were supported to make a variety of decisions and staff always sought consent before care was provided.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The management team and staff developed good relationships with people and their families. People and their relatives told us staff always treated them with respect and kindness and were complimentary of the support they received. They described staff as caring, kind, friendly, brilliant, polite and efficient.
- People's equality, diversity and human rights were respected. Staff knew about people's preferences and how best to support them.

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

- People were supported to make decisions about their day to day routines, in line with their personal preferences. People confirmed staff were respectful of the choices they made and felt they were treated fairly.
- The registered manager and staff ensured people were consulted and involved in decisions about their care needs, the way the service was managed and about staff. They were encouraged to express their views in daily conversations, review meetings and customer surveys.
- The registered manager gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected people's privacy, dignity and independence. One person told us, "They let me be as I want to be. If they find I am not coping they help me out."
- People's information was stored and held in line with people's preferences, the provider's confidentiality policy and with government regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager and staff planned people's care and support in line with their needs, choices and preferences. Care plans included enough information to make sure people received care and support that was person-centred and to ensure they lived the lives they wanted to.
- The registered manager and staff recognised the importance of promoting equality and diversity and respecting individual differences and choices. A relative said, "[Family member] likes to control things and likes to give instructions; they listen to him."
- Staff wrote daily records, which documented the care people had received, in a detailed and respectful way.
- Staff understood people's care and support needs. People's care plans were kept under review to make sure they received the correct care and support. People, and their representatives, confirmed they were involved in the care plans and decisions about care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans. Information could be made available in a variety of formats to meet people's communication needs and to give people more control over their lives.

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

- The registered manager supported people to attend events and activities they valued, if this was in line with their plan of care. Care records included information about important relationships and how the person preferred to be contacted.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. We reviewed the complaints log and found they had followed their policy and concerns had been recorded and responded to.
- People knew how to make a complaint or raise a concern. They were given clear information about this in the service user guide. People said they had not needed to make any complaints but were confident they would be listened to. One person said, "I have complained to the manager and they listened."

- The registered manager and staff encouraged people and their relatives to discuss any concerns during review meetings and during day to day discussions. People also participated in a customer satisfaction survey where they could air their views about all aspects of the service.

End of life care and support

- The provider supported people to remain at home at the end of their lives with support from community-based health professionals. People's preferences and choices in relation to end of life care and their cultural and spiritual needs would be explored and recorded.
- Staff received appropriate training to help them support people at the end of their lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a commitment to providing people with positive outcomes. Management and staff knew people well and encouraged people to make decisions about their care and support. People told us they were satisfied and happy with the service.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager. People told us the registered manager was helpful, approachable and the office staff were friendly and efficient.

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 and registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The provider was aware of their responsibility to be open and honest when something had gone wrong.

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

- The provider and registered manager were constantly improving the quality monitoring systems; there was a good standard of organisation within the service. All aspects of the service, including spot checks on staff practice were monitored. When shortfalls were discovered, improvements were actioned. We discussed with the registered manager further improvements needed to audits of visit records and medicine records. The provider and registered manager addressed this following the inspection.
- The registered manager understood their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and to the local authority. The current inspection rating was displayed on the web site.
- The management team ensured records were accessible, organised and used for auditing purposes.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures, contracts and job descriptions.

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

- The provider sought feedback from people using the service to ensure they were happy and to ensure their diverse needs were met. A recent customer survey indicated people were satisfied with the service provided; appropriate action had been taken to address any shortfalls.
- The provider had systems to keep staff up to date and promptly notified of any changes. Staff told us they were kept up to date and they felt communication was good. They were confident the service was well managed.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place. Plans to continue improvements within the service were available. Staff told us they were comfortable in raising any issues or concerns.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people.
- The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. There had been no recent concerns highlighted.