

Care Connected Ltd

# Care Connected Limited

## Inspection report

Fairfield House, Airbourne Close  
Arterial Road  
Leigh-on-sea  
SS9 4XX

Tel: 01702780011

Date of inspection visit:  
05 November 2019  
06 November 2019

Date of publication:  
27 November 2019

## 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 Connected provides personal care, treatment and support to people who require assistance in their own home.

People's experience of using this service: People told us they were very happy using the service and thought it was a very good company.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training.

Staff were employed following the appropriate recruitment checks.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence. Care plans were reviewed on a regular basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

People and their relatives were involved in the planning and review of their care. People were supported to follow their interests and participate in social activities. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection

The last rating for this service was Good. (last report published 12 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Connected Limited

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection Team:

The inspection was carried out by one inspector.

#### Service and service type:

Care Connected is a domiciliary care agency. It provides personal care, treatment and support to people in their own home. At the time of our inspection they were providing approximately 500 care hours per week.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 5 November 2019 and ended on 6 November 2019. We visited the office location on 5 November 2019.

#### What we did:

Before the inspection, the provider 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with five people. We spoke with the registered manager, deputy manager

and three care workers. We reviewed three care files, three staff files and records held in relation to the running of the service.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. We received many positive comments about the staff, one person said, "I feel very safe with them." Another person said, "They are an enormously nice company to be with, very good."
- Staff had received training in safeguarding and knew how to escalate any concerns. One, member of staff said, "I would notify any concerns to the office, or I would 'whistle blow' and go to the council or CQC."
- The registered manager had policies in place for safeguarding and 'whistle blowing' and knew how to raise concerns with the local safeguarding authority to limit risk to people and keep them safe.

Assessing risk, safety monitoring and management

- During the initial meeting with people, the registered manager or deputy manager completed a full assessment of people's needs. The assessment identified how best to support people in their own home. Risk assessments were detail and individual to each person.
- A full assessment was completed of the environment where people received care to ensure it was safe for them and staff. All equipment used by people was fully risk assessed.
- The registered manager had policies in place for staff to follow in such events as adverse weather conditions, and reporting systems if staff were unable to attend for work so alternative cover could be provided.
- Staff had procedures to follow if they had no response when they attend a call to check the person was okay. Staff were also trained in first aid should this be needed. One member of staff said, "I have completed my first aid training, if I found somebody unwell, I would check them and call their GP, family or for an ambulance. If in doubt I would always call an ambulance and wait with them until it had arrived, or a family member came."

Staffing and recruitment

- People told us they received support from a consistent staff team who attended calls at the allocated time. One person said, "I have the same regular girls, they come in every morning. I have built such a good relationship with them." Another person said, "They always stay their allocated time, in fact sometimes they stay longer."
- The registered manager told us they only took on care packages if they had enough staff to cover the call times and they could meet the person's needs.
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure only people of a suitable character were employed.

### Using medicines safely

- Staff had received training on how to support people with taking medication and the registered manager checked staff were competent to support people.
- There were clear care plans, guidance and risk assessments which detailed the support people needed with medication. One person told us, "The staff know to get me a small amount of water and a teaspoon to take my medication."
- Staff checked medication and reordered prescriptions and collected these for people where required.
- The registered manager said staff were very good at notifying the office if there had been any changes in medication. One member of staff said, "It is my job to go into people's homes and check medication is correct for people and matches the medication record."

### Preventing and controlling infection

- Staff had received training in infection control and were provided with the appropriate personal protection equipment.

### Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents and to identify any learning points. We saw minutes of meetings where learning points were discussed.
- The registered manager had a number of ways of sharing information with staff and monitored they had received and read any written updates sent to them.

# 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

- Peoples needs were assessed prior to care commencing, their consent obtained and needs regularly reviewed.
- The registered manager told us staff had received training in dignity and respect, human rights and equality to ensure people had choice from well-trained staff. They oversaw training to make sure it was in line with best practice and guidance and linked in with training networks to keep themselves up to date.

Staff support: induction, training, skills and experience

- New staff were provided with a full induction and support. One member of staff said, "I had a really good induction, I shadowed other staff. The manager has been really supportive, I did not start supporting people on my own until I had enough confidence."
- The registered manager told us staff new to care would complete the care certificate to ensure they had the knowledge and skills to provide care and support to people.
- The registered manager arranged for face to face training to be delivered to staff and sourced training relevant to the care being delivered. They were also considerate of different learning styles staff had to support them in a style best suited to them. Staff were also supported to achieved nationally recognised qualifications. The deputy manager told us, "I have nearly completed my NVQ level 5."
- The registered manager completed spot checks on staff as an opportunity to review their practice and to give them support. Staff also received regular supervision and had a yearly appraisal.

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

- Nutritional information was obtained on people being supported to identify their preferences and food and fluids likes and dislikes.
- Where people required special diets or assistance this had been identified and staff had been trained in how to support people. For example, one member of staff said, "[Person name] is at risk of choking, we need to make sure they are sitting in the right position and only have small pieces of food at a time."
- One person told us, "They come every day and cook my food from fresh, I chose what I want and they make it for me."
- Staff were aware of how to raise any issues with people's nutrition and were knowledgeable why it was important to maintain a healthy diet.

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

- Staff worked closely with other healthcare professionals such as district nurses, physiotherapists,

occupational therapists, GPs and palliative care nurses. The registered manager told us how for one person they had worked closely with a physiotherapist so that they could learn how to support a person with their exercise regime. They had also worked closely with the occupational therapist to ensure people had the right equipment in place to aid their independence.

- One person told us, "Staff have come to hospital appointments with me, they were so kind and supportive."

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 registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and these were clearly identified in care plans.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate with decisions on care and support.
- One person said, "Everything is my choice, staff always ask me."

# 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

- People were very complimentary of the staff and the support they received. One person said, "I feel very blessed with the care I receive." Another person said, "I can't fault any of them they are nice, kind and caring."
- People were consistently supported by the same care workers so they got to know them well and developed good relationships with them. One person said, "We are always joking around, I look on them as friends." Another person said, "I didn't get on with one of the care staff, we just didn't gel. They replaced them with someone else who I get on with much better."
- Equality and diversity needs were assessed during the assessment process and recorded in care plans.

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

- The registered manager completed a full assessment with people, relatives and other healthcare professionals. During this assessment the registered manager recorded people's views and preferences for care.
- Care packages were regularly reviewed with people and relatives to ensure they were still meeting their needs and requirements. One person said, "The office staff have been out and reviewed my care package at least three times and they have completed a spot check on the care workers as well."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Even though staff know what support I need, they never just do it, they ask me first and check what order I would like my personal care done."
- Care plans identified what was important to people and how staff could support them to maintain their independence. One member of staff said, "We want to help people with their day to day activities and help them keep their independence for as long as they can."
- People were supported to make choices about the kind of support they wished to receive and who they wanted to deliver this support. One person said, "The staff will do anything I ask them to do to help me." Another person said, "The staff always make sure I am wearing my careline bracelet before they leave." Careline is a company that people can use to alert quickly if they need help.

# 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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was frequently reviewed and followed up to make sure people were happy with the service they were receiving
- Care plans were kept up to date and any changes notified to staff. Daily records were maintained which outlined the care provided on each visit in detail.

Meeting people's communication needs

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

- People's communication needs were assessed, and this was recorded in care plans so staff knew the preferred way to communicate with people.
- Where people had specific communication difficulties staff were aware of this and how to support them. One person said, "I have particularly poor vision and the staff know how to support me and how I like things left."

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 by staff as companions to either be with them in their own homes or to go out with them on trips and visits in the community. One person said, "We go out once a week for coffee or lunch."
- One member of staff said, "I support people in their home, we spend time doing housework together and organising how they live. Then we go out shopping or for coffee and once a month we go out for the day further afield on a day trip."

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints. People and their relatives knew how to raise concerns and expressed confidence they would be dealt with.
- People we spoke with generally said they did not have any complaints and were very complimentary of the service. One person said, "If I had any issues I know I could call the office and it would be dealt with by

[registered managers name].

#### End of life care and support

- The service actively supported people with end of life care. They worked closely with people, families, district nurses and the palliative care team to support people to have a dignified death at home.
- Staff had received training in supporting people with end of life care. One member of staff said, "We support everybody including the family, sometimes we will just go in and sit with people."
- One person told us, "The staff have been so kind, caring and compassionate since my husband died."

# 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive culture for staff. They spent time developing staff's skills, knowledge and understanding of people's care needs. They supported staff with meetings to learn how best to support people who they may find challenging due to their individual health needs. One member of staff said, "I have received a lot of support to help me be able to do my work."
- Care planning documentation was person centred and aimed at supporting people to make choices about their own care needs and goals for care.
- Staff shared the manager's vision to be a caring company and to support people how they wished to be supported. A member of staff told us, "We want people to have a good quality of life, to feel supported emotionally and physically and to keep their dignity."
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team had oversight of the service, on a day to day basis. This included systems in place to monitor quality performance and regulatory requirements.
- Staff were clear about their roles and told us they felt well supported by the management team. One member of staff said, "I like working for this company, we have a good team and the management are really supportive."
- The registered manager had a number of ways of engaging with people who used the service. There were regular reviews of care packages, face to face meetings and telephone reviews, they also sent out a yearly survey to gain feedback.

Continuous learning and improving care; Working in partnership with others

- There was a strong learning culture at the service and the registered manager was keen for staff to develop their skills through training. They had invited a number of outside organisations to deliver training to the staff including other health care professionals. Staff had received additional training in stoma care, diabetes and falls prevention in the elderly.
- The registered manager engaged with the local council for learning opportunities, Skills for Care and kept

up to date with information from the CQC.

- There were governance systems in place to monitor the effectiveness of the service and the registered manager had also employed an external auditor to review the service.