

Umoya Trust (UK)

Connect and Care

Inspection report

120 High Street
Chatham
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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

Connect and Care is a small domiciliary care agency. It provides personal care to adults who want to remain independent in their own home in the community. The service was registered to provide care for older people and younger adults, people living with dementia and people with physical disabilities.

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

People were happy with the support they received and were complimentary about the staff who supported them. Staff were caring, motivated and enjoyed their work.

People told us staff were reliable and calls were not missed, and staff turned up on time and stayed for as long as they should have.

Risks to people from health conditions and the environment were managed. Staff used gloves and aprons when these were needed to protect people from the risk of infection. Medicines were safely managed, and people received these as prescribed.

People's needs were assessed, and the assessment was used to develop a care plan based on people's needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's choices were respected, and staff understood people with capacity had the right to make unwise choices.

People were referred to healthcare services where needed to help them to improve their health.

People were well cared for and their privacy and dignity were respected. Staff supported people to remain independent.

Staff had the training and skills they needed to support people. Staff were supervised and their competency to carry out tasks was assessed to make sure they were safe.

The service was well-led by a passionate registered manager who understood their role and responsibilities. People's views were listened to. There were strong links within the community. The provider was a charitable trust and provided other services such as advocacy on a voluntary basis which was of benefit to people.

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

Rating at last inspection

This service was registered with us on 1 November 2018 and this is the first inspection.

Why we inspected

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

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 ●

Connect and Care

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.

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 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 a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 5 September 2019 and ended on 10 September 2019. We visited the office location on 5 September 2019 and spoke to staff on the telephone on the 10 September 2019.

What we did before the inspection

We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke staff

including the nominated individual, registered manager, deputy manager, and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider which was a registered charity.

We reviewed records. This included one-person care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a safeguarding policy and procedure in place which included information on the relevant local contacts to report safeguarding concerns.
- Staff understood how to identify possible signs of abuse such as bruises and a change in behaviour.
- The registered manager was able to demonstrate they knew how to report abuse to the local authority and CQC. There had been no safeguarding concerns since the service registered.

Assessing risk, safety monitoring and management

- Risks to people from health conditions were assessed and there were plans in place to support staff to keep people safe.
- Risk assessments included clear information for staff on what action to take to reduce the risk of harm occurring. For example, where people were at risk of falls there was clear information on how to support the person to move about.
- One person told us they felt safe with staff support and that staff knew how to support them. They told us staff always assisted them with equipment such as a cushion they used to reduce the risk of pressure sores.
- Environmental risks to people and staff were also assessed. These reviewed whether the environment was safe for staff to provide care and whether there were any risks to people which needed to be addressed. For example, the risk assessment reviewed if there were suitable arrangements for staff to wash and dry their hands during visits to prevent the risk of infection.

Staffing and recruitment

- There was enough staff to support people safely.
- One person told us staff arrived on time and stayed for the whole call. No calls had been missed at the service. There was out of hours cover if staff needed to call someone for assistance when the office was closed.
- The provider ensured staff were suitable to work with vulnerable people before they started, including carrying out pre-employment checks. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People told us they received their medicines on time and as prescribed.
- Medicine administration records were complete and accurate.
- Where people were taking 'as and when' medicines (PRN's) such as pain relief there were no protocols in place to inform staff what the medicine was for and how often it can be taken. However, these were put in

place immediately after the inspection.

- People managed ordering their own medicines. However, staff reminded people to order more medicines when they were running low on supplies. Staff also supported people when some medicines did not arrive when they should have done and assisted the person to raise this with the pharmacy to resolve the issue.

Preventing and controlling infection

- There was an infection control policy in place. Policies were available to staff through a mobile application and could be viewed by staff at any time.
- Staff had access to equipment protective equipment such as gloves and aprons and one person confirmed these were used appropriately.

Learning lessons when things go wrong

- There had been no incidents of accidents at the service.
- There were policies and systems in place ensure incidents were recorded, actioned and analysed if they occurred. Staff knew to report any concerns to the office if they occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. The assessment was comprehensive and included looking at risks to people, support needs such as personal care and communication needs. It also looked at needs relating to people's protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, or religion.
- Assessments were used to develop care plans and plan the resources needed to support people.
- There was a system in place to receive and review updated advice, guidance and changes to the law. For example, to ensure the registered manager was aware of changes to guidance on managing medicines.

Staff support: induction, training, skills and experience

- Staff had the skills and training they needed to support people. Staff completed an induction when they started at the service and had undertaken training in areas such as manual handling and training specific to the needs of the person they supported. For example, staff had learnt to use the aids and equipment used by people.
- Staff at the service were new, although some had worked in care for a considerable length of time. Staff were completing the Care Certificate. The Care Certificate is an identified set of standards which social care workers must adhere to in their daily working life.
- Staff worked in pairs and worked with more experienced staff where they needed too.
- Staff competency was assessed before they were allowed to complete tasks without supervision. For example, competency assessments for the administration of medicines was completed. Staff were supervised. No staff had been at the service long enough to have an annual appraisal.

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

- No one using the service was at risk of malnutrition or dehydration or was at risk of choking.
- People using the service needed limited support with eating and drinking. For example, staff collected the shopping for one person using a list the person gave them and assisted the person to take food from the oven.

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

- People using the service accessed and arranged their own healthcare and did not need support with routine appointments.
- Staff supported people to access other services to improve their health. For example, one person had been supported to access physiotherapy to help them improve their mobility.

- There was information for staff which they could share with healthcare services if this was needed. For example, there was clear guidance in people's care plans on what information they would need to provide if they called an ambulance for the person.

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.

- People using this service were able to make decisions and choices for themselves and this was supported by staff. For example, one person had chosen to make an unwise decision. Staff had supported the person to make this choice as safely as possible and understood they had the right to make such decisions.
- The registered manager had undertaken training in the MCA and demonstrated they understood the principles. For example, they were aware some people needed support to make decisions and where people lacked capacity decisions needed to be made in their best interests and recorded in line with the act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff and were happy with the support provided. One person told us, "We have a laugh together. They look after me well."
- People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. People using the service were provided appropriate support to ensure they were not discriminated against due to disability. No one using the service wanted support with other equality and diversity needs.

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

- No one using the service needed support to express their views and be involved in decisions about their care.
- One person told us they were in control of their own care and decisions. Staff said, "We always ask [the person] what they want. They tell us what they want to do."
- The provider for the service was a charitable trust. They also provided advocacy to people on a voluntary basis as part as their charity work. This included assisting people to access online services. For example, one person with a disability was being supported to find accommodation more suitable to their needs using an online system.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. For example, staff made sure people were as covered up as possible during personal care. There was also clear guidance in people's care plans in relation to this and staff knocked before they entered people's property.
- The person we spoke with confirmed staff encouraged them to remain independent and supported them to do things for themselves.
- People's records were kept secure to ensure their privacy was protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised and centred around the person and their likes and preferences. There was information on the person's life history, what was important to them and how they liked to be supported. For example, there was information on how the person liked things to be kept in the kitchen and how they liked to be supported with personal care.
- Care plans had been regularly updated. For example, one person's support needs around mobility had changed and the care plan was updated to reflect this.
- People confirmed they were involved in planning their own care and they were listened to.
- People had been supported to maintain relationships with friends and neighbours.

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 had been assessed.
- Information was available in large clear print if this was required.
- Staff had spent time with people explaining information such as the complaints policy and service terms and conditions.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and procedure in place.
- The service had not received any complaints.
- People told us they knew how to make a complaint if they needed to but had no cause to do so.

End of life care and support

- The registered manager was aware end of life care plans needed to be in place for people. However, no one using the service wanted this in place and had declined the offer of this support. There was information about people's family, so the service could contact them if the person passed away or was critically unwell to make suitable arrangements.
- There was information in people's care plans about whether or not they wanted to be resuscitated by the emergency services should they have an event such as a medical emergency which caused them to stop breathing.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service. The vision for the service was based on meeting the holistic needs of people and helping people to create connections. This was understood and shared by staff.
- Staff told us they were happy in their role. They received regular supervision and there were meetings for staff where they could raise any concerns. These meetings were also used to update staff training in areas where checks had identified staff needed further support. For example, when a person had received a new item of equipment.
- The service was managed by a charitable trust and the registered manager told us the board were very supportive and involved in developing the service.

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

- There had been no incidents or accidents at the service. Therefore, there were no incidents which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.

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

- Audits had been put in place to check to quality of the service and address concerns. There were audits of support plans, medicines, staffing levels, recruitment, and training.
- Staff competency was assessed to ensure they had the knowledge and skills they needed to undertake tasks such as administering medicine.
- The registered manager was able to demonstrate they understood their role and the responsibilities. There had been no significant events at the service. However, the registered manager understood some events needed to be reported to CQC by law and was aware of how to undertake this should the need arise.

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

- People had not been receiving a service for a long time, therefore the service had not completed annual surveys of people, relatives and health and social care professionals. However, we received positive feedback from one health and social care professional about the service. They told us office staff were responsive and the feedback they received from people about the service was good.
- However, staff had sought feedback from people after 3 months of using the service. This was done in writing and through a face to face meeting.
- Feedback received by the service was positive. When a person had made suggestions on how their support could be improved the persons care plan had been updated to reflect this. For example, one person's care plan was updated to reflect how they wanted certain items in their home to be placed.

Continuous learning and improving care

- The service was led by passionate registered manager who had worked in care provision for a long time and was qualified to undertake the role. They were supported by a deputy manager who had the skills they needed for the role and was undertaking and NVQ level 5 in care leadership & management for health and social care.
- The registered manager had signed up to healthcare industry newsletters and was planning to attend the registered managers networking meetings and Skills for Care events to make sure they kept up to date with best practice.

Working in partnership with others

- The provider of the service was a charitable trust. They ran a charity shop in the town centre which was used as a community hub by people. The staff had developed strong links within the community and community organisations such as the local Age UK.
- The provider also assisted people through volunteering with tasks such as gardening and advocacy. They had recently purchased a mini-bus and were planning to use this to support people to access the community such as for shopping trips and days out.
- The registered manager worked with health professionals such as district nurses and Occupational Therapists to ensure people received joined up care.