

Umoya Trust (UK)

Connect and Care

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

Connect and Care is a domiciliary care service providing personal care to people in their own homes in the Salisbury area. At the time of the inspection, four people were receiving a service.

Not everyone who used the service received personal care. 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 using the service. Staff had been fully trained to identify and act upon any safeguarding concern.

People's risks had been identified and there was guidance for staff that demonstrated how to reduce risk and keep people safe.

People received their medicines safely; staff were trained in medicines management and administration.

People were supported by a regular staff team. There were enough staff to meet people's needs and they had been recruited safely.

People's care and support plans were individualised and included life histories, their preferences and abilities.

People's dignity and privacy were promoted and maintained.

People told us how kind and caring the staff were and the service was well managed. Staff felt confident and were well supported.

People and their relatives knew how to raise concerns if required and were very satisfied with the care provided.

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.

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 20/09/2019 and this is the first comprehensive inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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 two inspectors 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 the 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. This was 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 07/07/2021 and ended on 12/07/2021. We visited the office location on 09/07/2021.

What we did before the inspection

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager, assistant manager and one support worker.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files 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. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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; Assessing risk, safety monitoring and management

- People told us they felt safe with the service they received from Connect and Care. One person told us, "I feel safe and comfortable with them, as they understand my condition and listen to my opinions and they find out how best to cater for my needs." Another person said, "I feel safe because they are an amazing caring team."
- Staff had received mandatory training in safeguarding and knew how to identify abuse and what to do about it.
- The service had effective systems in place to manage safeguarding incidents. The registered manager had contacted the local authority safeguarding team appropriately.
- People were assessed for the risks they faced. Risk assessments included an assessment of people's home environment and any actions required to provide safe care.
- People had individual risk assessments in place based on their specific medical, physical and mental health needs. These included guidance for staff on how to recognise the risk and actions to take to minimise them. Examples included, falls, hearing impairment, catheter care and loneliness.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Checks included references, work history, identity checks and a disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- There were sufficient staff to safely meet people's needs. The registered manager told us they planned to build up their staff numbers gradually, in preparation for new packages of care.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and there had not been any errors.
- There were protocols for 'as required' medicines and body maps to show where to accurately apply topical creams.
- The service used an electronic monitoring app, which showed when medicines had been administered. The system also identified any shortfalls in the administration of the medicines. This meant action to prevent further error, could be taken in a timely manner.

Preventing and controlling infection

- Systems were in place to prevent and minimise the risk of infection.
- The service kept up to date with government guidance regarding COVID-19. Staff were informed of the information as needed.
- A weekly testing programme was in place for all staff, to minimise the risk of spreading COVID-19.
- The service was fully compliant with the correct use of personal protective equipment (PPE).
- Staff told us they had plenty of PPE and had received thorough training in taking it on and off safely.

Learning lessons when things go wrong

- Accident and incidents were recorded. These were analysed and reflected upon in meetings staff had with management. The registered manager told us they were always looking at ways to improve the service.

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 prior to them receiving care, to ensure they could be met.
- Individual care and support plans were developed to guide staff and to capture important information about how best to support people.
- The assessments included people's life history, their preferences and usual routines.

Staff support: induction, training, skills and experience

- All staff had received and were up to date with mandatory training. The registered manager ensured staff were trained by an appropriate professional, when supporting a person with specific needs, such as a catheter.
- Staff received an induction where they shadowed more experienced staff and their practice was observed. There were regular spot checks of staff's competency, one to one meetings and annual appraisals.
- People and their relatives were confident the staff were well trained. One relative told us, "[Family member] is safe with the carers as they are well trained with the equipment and are very good with their personal care."

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

- People were supported by staff to maintain a good level of nutrition and hydration. People's dietary needs were recorded in their care plan.
- Where staff had concerns about people's food or fluid intake, they reported this appropriately. The registered manager then informed the GP, family or local authority.
- One person told us, "I'm a vegetarian and they don't have any issues with cooking me what I ask. When I was stuck during the pandemic, they did some shopping for me."

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

- The service worked closely with the local authority adult social care and mental health teams to provide bespoke care and support.
- We received positive feedback from the professionals we contacted. One professional said, 'I personally found Connect and Care to be an excellent provider to work with. Open communication, reactive, flexible and supportive of the tasks asked of them.'
- People were supported to access community health and social care services, such as their GP, occupational therapist and community nurses.

- People and their relatives told us the service had been instrumental in them receiving appropriate equipment. One relative said, "They have helped us get new equipment in and liaised with the district nurse and the OT." One person told us, "Between them all, my gantry hoist has finally come and the carers know how to use it."

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.

- No-one receiving support from Connect and Care, at the time of the inspection, lacked the capacity to consent.
- The service had a written policy, regarding consent, which staff could view if needed.
- People's consent was gained prior to commencing any care.
- Staff had received mandatory training in MCA.

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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us the carers were very kind and caring. Comments included, "They are by far the best care providers I've had", "They are never in a rush and will chat while they help me" and, "If I feel under the weather, someone will sit with me."
- People's relatives were also complimentary about the staff and their caring approach. One family member said, "The carers are very caring, and they take their time with [family member.] They don't rush off and will sit with her and chat. She feels valued." Another said, "They talk to him the whole time and ask him if he is happy. I once asked why they covered up bits of his body, and they said it was areas they weren't washing at that precise time, so it was to maintain his dignity."
- People felt valued and were treated with respect and dignity. One person told us they thought the staff knew them well. They were called by their preferred name and were involved in their care plan.
- People were supported by a core group of carers to promote continuity.
- The service had received compliments about the staff, which were shared with the staff team.
- The registered manager was passionate about making a connection with people, as well as supporting their physical needs. People's wellbeing was a high priority and one of the main values the registered manager embraced.
- We received good feedback about the service from other professionals. One professional commented, 'I found them to be personable, friendly, flexible and supportive of my role' and, 'The [registered manager] learnt from [a relative] about how best to engage, approach and how best to care for the person. I feel this is strengths based. Person centred care at its best.'

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

- People's individual care needs were met. Care and support plans were person centred and contained information specific to them and how they would like their needs to be met.
- Care plans contained details of the care tasks people were able to manage themselves and areas where they required support.
- The service encouraged people to manage their own health conditions. For example, they researched diabetes and were able to encourage one person to change to healthier and low sugar foods.

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 service was compliant with the AIS.
- People's communication needs had been assessed and were recorded in their care plans.
- Care plans gave guidance on how to communicate with people. For example, one person with a hearing impairment, the guidance for staff was to 'make sure you speak clearly and face [the person].'

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 and their relatives told us the service helped them to maintain relationships and prevent social isolation.
- Many activities, clubs and community events had stopped during the COVID-19 pandemic. The registered manager told us how this had negatively impacted on people they supported. People's interests and hobbies were encouraged, such as time spent completing jigsaws, going out for a drive in the car, shopping and talking books.
- Staff took time to get to know the person, to develop a trusting relationship and to become comfortable with receiving support. One person told us, "They are a relatively new provider for me and my relationship and their knowledge of me has built up and continues to grow. They are absolutely fantastic."
- One person had been supported to a stadium football match, the first in many years. Compliments for this piece of work included, 'I have not seen him so happy since Arsenal last won the FA cup', 'A dream come true' and, 'We would like to say thank you for making his year.'

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Where a complaint had been received, this was investigated and responded to in an appropriate and timely manner.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.

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; 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 had strong values and created a culture of person centred, quality care.
- Staff were motivated to fully engage with this ethos and to make a difference in people's lives.
- People and their relatives told us Connect and Care had enabled them to receive the type of support they wanted.
- We saw and received many compliments from people, their relatives and health and social care professionals about the management and care approach of the service.
- The registered manager fully understood their responsibility under the duty of candour.

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

- There were quality assurance and audit systems in place. These included reviews of care records, medicines administration, care records and staff training.
- Staff were provided with a staff handbook which detailed the development of the company, their values, principles and philosophy of care.
- The registered manager understood their responsibility to comply with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People their relatives and staff were encouraged to give their views on the care received. Feedback questionnaires and surveys were used to monitor service provision and to make any required changes. One person told us, "I'm impressed with the way the management take on board suggestions. They provided a notebook for communication between the staff and myself. It's all very organised. It has improved from the start. They had the foundations in place and they just keep building on them."
- The service worked closely with health and social care professionals. Joint assessments and visits were undertaken and guidance from professionals was included in support plans.

Continuous learning and improving care

- The registered manager told us it had been a very difficult year during the pandemic. At one point, all the staff group were unwell. They worked with the local authority to make new care arrangements for people until they had all recovered.

- The registered manager used this experience to 'brain-storm' with staff about what could be done differently in a similar situation. This led to a contingency plan, revised COVID-19 risk assessments, and a push on recruitment.