

Caring Connections Limited

Caring Connections Wigan

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caring Connections Wigan is a domiciliary care company, who are part of Caring Connections, a registered charity who provide care services within the Lancashire, Cheshire, Merseyside and Greater Manchester areas. Caring Connections Wigan provides personal care and support to people living in their own homes.

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. At the time of our inspection there were 139 people in receipt of personal care and therefore included in the inspection.

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

We found improvements were required with the timings of people's care visits, as these were not always completed in line with the agreed times as stated in their care plan. The provider's audit process had not always identified these issues as actions had not been generated to drive improvements.

People and relatives told us the service provided safe care which met their needs. Staff received training in safeguarding and knew how to identify and report concerns. Risks to people had been assessed with guidance for staff to follow to ensure people's safety. Medicines were administered safely by staff who had been trained and assessed as competent. Medicines records were not always completed correctly, although this had been identified through audits and monitoring.

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 receiving support with food and drink were happy with the assistance provided. Staff received the necessary training and support to provide safe and effective care. However, it was not clear whether staff had received supervision in line with the provider's policy.

We have made a recommendation about the completion of staff supervision.

People and relatives were complimentary about the care and the staff who provided this. Care staff were described as kind, considerate and friendly. People told us their privacy and dignity were respected and care staff offered them choices and promoted their independence, as much as possible.

Care files explained how people wanted to be supported and contained lots of person-centred information, to ensure care staff knew people as individuals. Information was available in a range of formats to ensure it was accessible to all. The complaints process was provided to people at the beginning of their care package. Each person or relative we spoke with knew how to raise concerns, and where they had, told us improvements had been made.

People, relatives and staff were largely positive about the management of the service and support provided. A range of systems and processes were used to monitor the quality and effectiveness of the service. Some shortfalls with these had been identified by the provider and a new system introduced to better capture issues and actions taken. We noted a number of ways in which people and relatives were involved in the care provided. Additional services were offered to people and the wider public, to support their wellbeing.

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 3 March 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was carried out in order to provide an initial rating for the service.

Enforcement and Recommendations

We have identified a breach in relation to the timings of people's care visits.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Caring Connections Wigan

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and 2 Experts by Experience, who conducted telephone calls with people using the service and their relatives. 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, flats and specialist housing.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to allow the provider time to gain consent from people using the service and their relatives, for us to contact them to ask about their experience of using the service. Inspection activity started on 17 April 2023 and ended on 9 May 2023, by which time we had sought the views of people, relatives and staff and had received and reviewed additional information requested and sent following the office visits. We conducted office visits on 18 and 19 April 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. Prior to the inspection, the provider submitted a Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 12 relatives about their experiences of the care provided. We spoke with the registered manager, nominated individual and 6 staff members in person and captured the views of 8 additional staff members via questionnaire. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment, training and support. A variety of records relating to the management and oversight of the service were also reviewed.

After the inspection

We continued to review information sent to us electronically, as well as seeking clarification from the provider to validate evidence found. This included reviewing medication records, care notes, call monitoring data, training information, policies and procedures, survey data, audit and quality monitoring information.

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People and relatives provided mixed feedback about the timeliness of care visits. Some told us staff were usually on time, whereas others reported issues such as late and early visits, along with staff not staying as long as they should. Comments included, "They are mainly on time, though have been turning up early for the evening call. When this is discussed with the office, it improves for a while then starts again. It's okay at the moment", "They have been really late quite a few times, particularly the tea and evening call" and "There are a couple of carers who stay and chat with me, but most are in and straight out."
- Records which showed the times of completed care visits, supported people and relatives feedback. Call times were inconsistent, with visits regularly early or late and the duration of each visit fluctuating. Staff told us at times calls on their rota overlapped, with 2 or 3 scheduled to start at the same time. This happened more so at weekend and meant it was not possible to complete all visits on time.
- The provider used a call monitoring system, to alert office staff when calls were running late. However, the system did not provide an alert until 30 minutes after the planned visit had ended. For example, if a visit was scheduled to start at 8.00am and last 30 minutes, the alert would not be raised until 9.00am, an hour after the staff should have been there. The provider was in discussion with the software company about amending this setting, so the alert would be raised sooner.

Although people had not come to any harm, care visits had not always been completed in line with the agreed times as stated within people's care plan. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- People told us they received their medicines safely, although fluctuating call times impacted the time these were administered. However, required gaps between doses had been maintained.
- We identified some inconsistencies with the medicine administration records viewed on inspection. This included missing signatures and the wrong codes used, to indicate why a medicine had not been given. The provider had identified the majority of these issues through monthly auditing.
- Care plans provided guidance for staff about what medicines people took. Where people were prescribed 'as required' medicines, such as paracetamol, additional guidance was in place to ensure staff knew when to administer these.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service and being supported by its staff. Comments included, "I do feel [relative] is safe with the carers" and "I do feel safe with them [carers]. There's a regular group who come and they seem well trained."
- Staff received training in safeguarding, which was refreshed annually and knew how to identify and report concerns.
- The service had an up to date safeguarding policy and the registered manager was aware of and had followed the local authorities reporting guidance. A log was in place to document any referrals, actions taken and outcomes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and documented within their care files.
- Each person's care records contained a number of generic and individual risk assessments, which detailed any risks and the level of risk. We noted not all risk assessments included what control measures were in place to minimise risks. This was addressed by the provider during the inspection.
- Accidents and incidents were documented appropriately. A log was used to document what had occurred, actions taken and outcomes, to help prevent a reoccurrence.

Preventing and controlling infection

- Robust infection control policies and procedures were in place. Staff told us they had completed training in infection control and hand washing.
- People and relatives told us staff wore the necessary PPE when providing care.

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.

Staff support: induction, training, skills and experience

- It was unclear whether staff supervision had been provided consistently. The service used a matrix to document completion. This indicated since June 2022, the majority of staff had completed 3 supervision sessions, either in person, or via telephone or video call when they had been unable to attend the office. However, some of the staff we spoke with stated they had either yet to have supervision or had only completed 1 meeting. This was contrary to what was listed on the matrix.

We recommend the provider reviews the supervision process, to ensure these are completed in line with their policy and evidence of each meeting is clearly documented.

- Staff received enough training to carry out their roles safely and effectively. People and relatives told us care staff who visited were well trained and competent. Comments included, "The staff we have are good, well trained at what they do" and "I do think they are well trained and the new ones are not afraid to ask the more experienced ones anything, I feel safe with them."
- Staff new to care had to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Assessments had been completed with people and their relatives, to ensure the service was suitable and could meet their needs. A relative told us, "They came to the house and we sat down with them and discussed what [relatives] needs were and worked out the care plan."
- People's likes, dislikes and how they wanted to be supported had been captured and included in their care files. People and/or their relative had been involved in reviewing their support each month.

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 MCA 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.

- Staff had received training in the MCA and knew how this applied to their roles. Comments included, "Always believe a person has capacity unless proven or documented otherwise" and "The mental capacity act is about a person's ability to understand information and make decisions. It's to support the best interest of a person."
- People's consent had been sought as part of the assessment and care planning process, with each person or their legal representative signing a care agreement before the care package was implemented.
- People and relatives confirmed care staff also sought consent prior to delivering care. One relative stated, "The ladies have a nice way about them, they always explain what they are going to do and check [relative] is okay with it."

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

- People who received support with meal preparation or with eating and drinking, were happy with the support provided. A relative told us, "They get [relative] breakfast, lunch and tea. [Relative] doesn't tend to eat a large meal, so they just cook things like sausage and beans and make sandwiches."
- Care plans contained information about people's nutrition and hydration needs. Overall, these were detailed and included people's likes and dislikes and the support they required.
- However, for some people who required a modified diet, we found information could be clearer to make it easier for new staff to provide support. Some care plans stated, 'make food in line with speech and language therapist (SaLT) guidance', rather than specifying what the guidance was. This meant staff would need to read the SaLT report, alongside the care plan. The registered manager agreed to amend these care plans accordingly.

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

- Where necessary the service supported people to stay well and contact or access healthcare services.
- One relative told us, "I think many of the carer's are better than some of the medics my [relative] has seen."

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 received kind and compassionate care. Care staff were described as being thoughtful, friendly and cheerful.
- People and relatives spoke positively about the care provided by Caring Connections Wigan. Comments included, "[Relative] enjoys the carers coming. They chat and gossip with her, which she enjoys. They employ local people who know how to relate to her" and "The carers are kind, but there's one who is amazing and goes the extra mile for [relative]. When [relative] was feeling down recently, 2 carers came early and painted her nails and gave her a bit of pampering to help cheer her up."
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about people's spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the way care was delivered ensured privacy and dignity was respected. Comments included, "Personal care is always discreetly done", "They are always respectful when assisting [relative]" and "They respect my privacy and dignity. They never make me feel awkward or embarrassed."
- Staff told us they ways in which they ensured people's privacy and dignity was respected. One stated, "When washing always cover one area with a towel rather than leave them vulnerable and exposed, draw curtains shut before washing or using the commode, give private time to use the commode."
- People were supported to maintain their independence by completing tasks they could do themselves. One person told us, "I try to do what I can and they encourage me with this." A relative stated, "[Relative] cleans their own teeth, the staff give them a flannel to wash their face and whatever else they can. They encourage them to be independent."

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

- People's views were sought, mainly through monthly telephone monitoring calls, which were completed by a designated member of the provider's wellbeing team. This person had developed a good working relationship with people and their relatives.
- People and relatives told us they welcomed these calls and the opportunity to discuss the care and any issues which has arisen.

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; 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 received care which was personalised and met their needs and wishes.
- Care plans were detailed and contained a range of person centred information, such as people's likes, dislikes, hobbies and interests. This helped care staff to understand people as individuals and how they wanted to be supported.
- We received a mixed response when we asked people about their care plans and whether these were reviewed. Some people and relatives confirmed they had a copy of the care plan and had discussed this with care staff or management, others could not recall doing so or where the care plan was located.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the requirements of the AIS. Information was available in a range of different formats, including large font, audio and alternate languages.
- Care files included details of people's communication needs and how staff should provide information. This included and aids or adaptations required, such as hearing aids or glasses.
- Feedback received during the inspection, confirmed staff were aware of people's communication needs. A relative told us, "They understand about how important it is to face [relative] when they're speaking to her so she can see their lips. They also crouch down next to her when they speak which helps her to hear what they're saying"

Improving care quality in response to complaints or concerns

- The complaints procedure had been provided to people. People and relatives confirmed they knew how to complain and would either contact the office or speak to the person who completed the monthly monitoring calls.
- People or relatives who had raised a complaint, confirmed this had been looked into and improvements made. The majority of their complaints had been about incorrect call times.
- We found complaints had been dealt with in line with the provider's policy and procedures. A log was used to document any complaints received, along with the action taken and any lessons learned.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A new governance tool had recently been introduced. This system was detailed and collated all audits and actions plans together in one document, however, had yet to be used fully.
- Prior to this, we were told audits were completed based on the provider's governance schedule. From reviewing the schedule, the type and amount of audits which should have been completed was not reflected in the evidence provided during inspection.
- Action and improvement plans were in place. However, these were limited in detail and none supplied by the provider during the inspection referenced the issues we noted with inconsistent call times and the length of care visits.
- Following the inspection, the provider sent us an action plan implemented by the local authority in December 2021. Although this contained references to late, missed and cancelled care visits and issues with staff rotas, our findings during the inspection showed sufficient improvements had either yet to be made or sustained over time.
- A matrix was used to document spot checks of care staff, which are completed to assess their competency. Information on the matrix contradicted feedback provided by care staff. The majority of care staff told us they had either yet to complete a spot check or had only completed one in the last 12 months. The matrix showed 3 or more had been completed with each of them. The provider told us spot checks were now logged on the call monitoring system to provide additional evidence of completion.
- The registered manager had been both shortlisted for and received awards and honours in recognition for their work in the health and social care sector. This included receiving the British Empire Medal.
- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We noted a number of examples of the service involving people, staff and the wider public and meeting needs. These included inviting people into the office to meet staff and see how their care was provided, completion of monthly wellbeing calls and visits and the setting up of a bereavement counselling service, which was accessible to all people in the Wigan area. Over the last 4 months, 22 people had benefitted from this service.
- Staff had access to a range of benefits as part of their employment package,. These included access to a

private GP service, a counselling / confidential support service and a named wellbeing officer who contacted staff each month.

- Staff views were captured via annual surveys. At present, people and relative surveys were not circulated to compliment the monthly wellbeing calls. We discussed this with the provider, as these would provide an option for people to submit information anonymously, should they feel uncomfortable raising things with the wellbeing officer.

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 was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The majority of contact with people was via the wellbeing officer, who took away people's concerns and provided feedback at the next call.
- In line with the provider's policy and procedures, written responses had been provided when issues had occurred.

Working in partnership with others

- We noted a number of examples of the service working in partnership with other professionals and/or stakeholders to benefit people using the service.
- This included working with Wigan Public Health on their Healthy Ageing programme, which was aimed at preventing social isolation. The service also had links with a local college, providing placements to students as part of their traineeship programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Although people had not come to any harm, care visits had not always been completed in line with the agreed times as stated within people's care plan. Feedback from people and records viewed, confirmed call times were inconsistent, with visits regularly early or late and the duration of each visit fluctuating.