

Compassion Home Care Limited

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Inspection report

Downe House
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Date of inspection visit:
10 August 2016

Date of publication:
21 October 2016

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

This inspection took place on 10 August 2016. We gave the provider 48 hours' notice we would be visiting to ensure the registered manager would be at the service. At our previous inspection on 5 and 9 June 2014 the service was meeting all the legal requirements we inspected.

Compassion Home Care Limited provides personal care and support for 44 people in their own homes in the London Borough of Bromley. On the day of our inspection there were 44 people using the service.

Compassion Home Care had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments and care plans were not always updated when there had been a change in the person's needs to ensure that staff had the appropriate guidance when offering the person support.

Staff new to the service, were inducted into the service appropriately. Staff had undertaken mandatory training, however we found safeguarding refresher training was not up to date. Staff received supervision, appraisals and training appropriate to meet people's needs and enable them to carry out their roles effectively.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were enough staff on duty to meet people's needs and there was an out of hours on call system. The provider conducted appropriate recruitment checks before staff started work to ensure staff were suitable and fit to support people using the service.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with kindness and people's privacy and dignity was respected. People were provided

with information about the service when they joined in the form of a 'service user guide' which included the service's complaints policy.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Care plans were reflective of people's individual needs and preferences and were reviewed on a regular basis. Peoples' care files were kept both in people's home and in the office. People were supported to be independent where possible such as going out to do their shopping.

People and their relatives knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary. People and their relatives were provided with opportunities to provide feedback about the service.

The service did have some effective processes in place to monitor the quality of the service; however improvement was needed in that formal internal audits were not carried out to identify any shortfalls. There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

The registered manager was aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents.

People told us they thought the service was generally well run and that the registered manager was supportive. People and their relatives were provided with opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe.

Risk assessments and care plans were not always updated to reflect a change in people's needs.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were systems in place to manage accidents and incidents.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective

Staff had undertaken mandatory training, however we found safeguarding refresher training was not up to date.

Staff received regular supervisions and annual appraisals.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People received food and drink suitable to their needs.

People had access to health care professionals in order that they maintain good health.

Good 

Is the service caring?

The service was caring.

Staff delivered care and support with kindness and consideration.

Good 

People were treated with respect and their dignity was protected.

People were provided with information about the service when they joined and we saw people were provided with a copy of the provider's service user guide.

People told us they were involved in their care planning and the care and support they received was personalised, and respected their wishes and met their needs.

Is the service responsive?

Good ●

The service was responsive

People's care needs and risks were not always identified, assessed and documented within their care plan.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and given information on how to make a complaint.

Is the service well-led?

Requires Improvement ●

One aspect of the service was not well-led.

Processes in place to monitor the quality of the service provided were not always effective.

People told us they thought the service was generally well run. Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the provider were supportive.

There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

Compassion Home Care Limited

Detailed findings

Background to this 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 checked whether the provider was 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be there. The inspection team comprised of one adult social care inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspector attended the office on the day of the inspection and the Expert by Experience made telephone calls to people who used the service.

We spoke with four people who used the service, four relatives, three members of staff, the registered manager and the director. We reviewed records, including the electronic care records of the three people who used the service, fourteen staff members' recruitment files and training records. We also looked at records related to the management of the service such as quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with their care workers. One person we spoke with told us "I feel safe, it's because I have got to know [staff] very well". Another person told us "[Staff] are wonderful workers".

We saw risk assessments including falls, medicines, fire and moving and handling were carried out and retained in people's care files. However, we found improvements were needed to ensure the risk assessments were updated to account for changes in risk and the management of these risks. For example, we looked at one person's care file and found that they had suffered a fall; however we found that a further risk assessment had not been carried out to ensure there was not a change in this person's care needs. We also saw that their care plan had not been updated to ensure that staff had the appropriate guidance when offering the person support. We saw that another person had undergone a serious operation, but there was no further risk assessment carried out after this event to identify any risks involved and there was no updated guidance for staff to ensure they were meeting the person's needs safely when offering support. There was a risk that people would not receive safe care to meet their needs.

We brought these issues to the attention of the registered manager and the director who told us they would ensure that update to date risk assessments were carried out for people who had experienced a major event or had a change in their needs immediately. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained a completed application forms which included details of staff's employment history and qualifications. Files also contained evidence that confirmed references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. We looked at medicine administration records (MAR) in the office and also visited one person at home. We saw records had been signed by staff once they had observed the person administering their own medicine. We saw medicines risk assessments were in place and described the risk and what action to take. This meant appropriate arrangements were in place for the administration of medicines. Staff had received medication training and this was updated on a regular basis. One person we spoke to told us "[Staff] always help me with my medicines which I find a big help". Another person told us "I take care of my medicines but my carer reminds me which is helpful." A third person told us "...[Staff] help me to take my medicines, encouraging me to do so ". A fourth person told us "[The registered manager] was very

knowledgeable about medicines and helped me sort those out"

There were systems in place that ensured people received their care on time. The service had an electronic call monitoring (ECM) system in place which allowed office staff to see if any care workers were running any later than 10 minutes for people's calls and to check that staff stayed the full length of the required call time. The ECM system is a live computer system that showed office staff via a display screen when staff were running late, when they had arrived and how long they had spent with people. On the day of our inspection we observed there were no missed calls and no staff were running late. People told us that staff were punctual. One person we spoke to told us "[Staff] are always on time." Another person told us "[Staff] are on time and do whatever I need".

Staff we spoke to told us that they had enough time allocated for both travelling to people using the service and had time to meet their needs. There was an out of hours on call system in place to help maintain continuity of service at weekends and during the night. Staff and people we spoke to told us there was a prompt response from the person on call if they rang for any advice or support.

Is the service effective?

Our findings

Staff told us that they had completed an induction programme which included shadowing other staff when they started work. The induction included reading policies and procedures, safeguarding medicines and infection control. Staff also told us they had completed mandatory and refresher training which included safeguarding, fire safety, food and hygiene, moving and handling and medicines. One staff member told us, "My training is all up to date". "Another told us "My training is up to date, I just did my manual and handling." We found that safeguarding training for all staff was not up to date. However, we found that safeguarding training for all staff was not up to date. We raised this with the director who assured us that all staff would be booked to complete safeguarding training immediately. We were unable to monitor this at the time of the inspection but we will check this at our next inspection.

Also following the inspection the provider informed us of other ways their staff were made aware of safeguarding issues, for example through the use of team meetings and that all staff have been booked on to 'Social Care TV Safeguarding of Vulnerable Adults' which is online training. We will check this at our next inspection.

People and their relatives told us they thought staff were competent and knew what they were doing. One person we spoke to told us "I feel they have the skills and knowledge to look after me well." Another person told us "[Staff] know what they are doing and are very helpful". A third person told us "I feel happy that the carers are trained and very competent in what they do, they have the right skills and knowledge".

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that this did not currently apply as all people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One staff member said "I always ask people if they are happy for me to

support them". Another said "I ask people what they would like me to do and accept their choices." One person we spoke to told us "[Staff] arrange everything I need and talk to me asking me if it's okay to do something"

Staff told us they received regular supervisions and annual appraisals. Records we saw confirmed that staff had been given regular opportunities during supervisions and appraisals to discuss any concerns or request extra training. One staff member we spoke with told us "I have regular supervisions they are useful to get feedback." Records confirmed this. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of direct observational supervision sessions. Staff confirmed that spot checks were undertaken unannounced, and the format of spot checks covered a number of areas such as, the way staff were dressed and presented, maintaining people's privacy and dignity, communication and engagement with people and maintaining confidentiality.

People told us their nutritional needs were met. Care plans included guidance for staff about people's nutritional requirements, including any known allergies. Where people required support with preparing meals this was recorded in their care plans, this included making drinks and preparing meals. One person told us, "[Staff] always ask me what I want and if I need drinks or food making".

People had access to health and social care professionals when required and we saw that staff worked well with professionals such as district nurses and occupational therapist to ensure people's health needs were met. Care records contained contact details of relevant healthcare professionals such as GPs and district nurses. Staff told us they would notify the office if they noticed people's health needs changed or if they had any concerns.

Is the service caring?

Our findings

People told us that staff were kind and caring and showed understanding in the way in which support was given to them. One person we spoke to told us, "[Staff] are very caring". Another person told us, "[Staff] meets our needs well; doing everything we ask them to". A third person told us, "[Staff] will work around any problem, always obliging". One relative told us, "[Staff] always consult us about what care is needed." Another relative told us, "[Staff] are perfect, 10 out of 10 "

People told us staff did not rush when meeting their needs and that they had regular carers for consistency. One person told us, "[Staff] always have enough time for me; they have a routine which we agreed." Another person told us, "[Staff] are never rushed." A third person also told us, "It's always the same [Staff Member], or someone who has been before, this is really helpful and makes us feel at ease, it makes life easier for us."

People were provided with appropriate information about the service in the form of a service user guide. This guide outlined the standard of care to expect and the services offered. People told us they were treated with dignity and respect. One person said, "[Staff] are extremely respectful when providing my personal care". A relative we spoke with told us, "[Staff] treat my [relative] with respect and maintain their dignity, for instance will make sure door pushed shut to for privacy"

Staff told us they knew where to locate important information about people within their own home's and had access to people's identified care needs and risk assessments. One member of staff said, "I check people's care plan and make sure nothing has changed". People were supported to be independent where possible, for example to remain as mobile as possible. One relative told us, "[Staff] try to encourage my [relative] to go for a walk and encourage them to be as independent as possible" Another relative told us, "[Staff] encourage independence".

People told us they were involved and consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people's history and preferences about their care and detailed guidance for staff on how best to meet people's individual needs. For example the preferred name they liked to be called by and the time they like to get up". One person we spoke to told us "The office keeps me informed; if anything alters they let me know. I know what is going on."

Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and supported people appropriately to meet identified needs or wishes. We saw one person who used the service was accompanied to church every Sunday.

Is the service responsive?

Our findings

People told us that staff carried out their duties as discussed and in accordance with their care plan. One person said, "They know what to do and get on with it." A relative said, "It's all written down, they always know what they are doing".

Assessments of people's needs and risks were carried out when people joined the service. The registered manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken by the registered manager to ensure the service could meet their needs.

We saw electronic care files which included individual care plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files also included people's life histories and staff recorded daily progress notes that detailed the care and support delivered to people. Care plans were person centred and identified people's choices and preferences. However, we found improvements were needed as care plans had not always been updated when there had been a change in people's needs to ensure up to date guidance for was available to staff on how to support people. For example, one person had undergone an operation. We found that their care plan had not been updated after this event to identify the risks involved or any guidance for staff to ensure they were meeting the person's needs safely when offering support. We raised this with the registered manager and the director who told us they would ensure that care plans of people who had experienced a major event or had a change in their needs would be updated immediately. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

Staff knew people well and remembered things that were important to them. For example, one staff member told us, "One of my client's enjoy talking about when they were an engineer in the war. Another staff member told us, "My client prefers showers to baths". A relative we spoke to told us "Staff respond to how my [relative] is. Is my [relative] having a good or bad day".

People told us they were involved and consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people's history and preferences about their care. For example, the preferred name they liked to be called by. A relative we spoke to told us, "We are always consulted us about what care is needed".

We saw the service had a complaints policy and a complaints log to record, monitor and maintain complaints. However, we saw the service had not received any complaints to date. People and relatives we spoke to told us that they had never had to complain about anything.

Is the service well-led?

Our findings

People we spoke with were positive and complimentary about the care and support they received and the way in which the service was managed. People told us they thought the service was generally well run. One person said "They [the service] were brilliant from the first contact". However we found some improvements to the management of the service were needed

There were some processes in place to monitor the quality of the service, however improvements were needed as audits to monitor and assess the quality and safety of the service had not been carried out. This meant that the issues we found in this inspection regarding risk assessments and care plans had not been identified and appropriate action had not been taken to minimise the risks that may have been identified in these audits and improve the quality of the service. We also saw that the provider did not undertake medicine audits to check the quality of medicines records, so that if there were any shortfalls these could be identified and improvements made to the quality of the service.

We raised this with this with the registered manager and the director who told us that they did review medicines and Medicine Administration Records (MAR) when they personally visited people in their homes. However, they did not always formally record any findings, which would identify any common themes or patterns. The manager and director assured us that formal audits would be carried out immediately. They also stated that the audits would also include risk assessments and care plans. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

We saw regular spot-checks were carried out to ensure that staff were wearing their uniforms and identification badges, that they were punctual and were meeting people's needs. This enabled the managers to have an oversight of the service being delivered in the community and to remedy any risks which might affect people's health, safety and well-being. One person we spoke to told us "The manager checks up that everything is OK". A staff member told us, "I have regular spot-checks which I think are good".

The service had a registered manager, who had been in post for some time, was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. One staff member told us, "The manager is very good, everyone at the office always helps me". Another told us "Everyone is good, if I need it they always help, I like working here". Staff also told us that the manager and director were really supportive and operated an open door policy. One member of staff said "I can go to them at any time".

The provider produced a regular staff newsletter which provided staff with information about the running of the service and any changes that may affect the way in which they worked. For example, the introduction of

the electronic call monitoring system was explained in the newsletter.

We saw that the provider ran a carer of the month scheme. This award scheme recognised and celebrated staff achievements. The director told us that they had strict criteria for scoring staff for the award that took into account meeting people's needs and receiving positive feedback from people using the service.

We saw that regular team meetings to ensure the service ran smoothly. We looked at the minutes of recent meetings held, minutes of these meetings confirmed discussions around areas spot checks, personal protective clothing, the introduction of the Care Certificate and policies and procedures. Minutes also documented advice and actions to be taken to ensure improvements to the service were made when required. For example, the introduction of new MAR forms.

The service took account of the views of people through regular surveys. We saw that the feedback received in the most recent survey in 2015 was positive. For example, 100 percent of people said they felt safe, 100 percent of people said they felt the service was caring. The provider told us that if there was any negative feedback this would be analysed and the information would be used to produce an action plan and make improvements at the service.