Compassionate Care Ltd

Compassionate Care LTD

Inspection report

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16 May 2018
18 May 2018

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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

This inspection took place on 15, 16 and 18 May 2018 and was announced. The provider was given 24 hours' notice because the location provides a service to people in their own homes and we needed to be sure staff would be available at the location to speak with us.

Compassionate Care Ltd is a domiciliary care service. It provides personal care to people living in their own homes in the community. They provide a service to people with dementia, mental health needs, a learning disability or autistic spectrum disorder, physical disability, sensory impairment, older adults and younger adults.

The service also provided support in a 'supported living' setting, so that people can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. One location was situated in the Sheffield area for six adults with learning disabilities. The second supported living setting had been recently established for two people in the Macclesfield area who both had mental health needs.

Not everyone using Compassionate Care Ltd receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 54 people in their own homes in Trafford and Cheshire East.

At the previous inspection in April 2017, the service was rated as 'Requires Improvement' overall. This was because, although significant changes and improvements had been made to the service, these had not yet been fully embedded in respect of the requirements of the Mental Capacity Act 2005. During this inspection, we found the improvements had been made.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough, and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Staff knew people's individual needs and abilities. People told us their needs were met by well trained staff.

Staff told us they received regular and adequate training and supervision to deliver effective care. People told us staff gave them choices and asked their permission before supporting them. Staff knew people's right to choice.

There were sufficient staff to meet people's needs. People told us staff generally arrived on time and contacted them if they were running late. Staff told us they had sufficient time between care visits.

People's medication was stored in their own home in line with their wishes and choices. A medication assessment was completed with each person and they were required to sign the consent agreement to enable staff to support them with medication needs. People were only supported by staff who were trained by the service and had passed competency assessments.

Staff were recruited safely. We saw that staff were only offered positions in the company once all satisfactory checks had been completed and references had been obtained.

Risk assessments were completed and reviewed every six months or when there was a change in people's needs. Risk assessments were completed for various aspects of people's clinical and emotional needs.

Information contained in people's care plans was person centred and reviewed regularly to ensure it was up to date and relevant. Information about people's likes, dislikes and life history was recorded and reviewed. Staff we spoke with demonstrated that they knew the people they supported well and enjoyed the relationships they had built with people.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process had improved and looked at systems relating to the care of people, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains safe.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act, 2005 were being followed accordingly.

Supervision and appraisals were routinely taking place and staff expressed that they were fully supported.

Staff received regular training and were supported with their professional learning and development.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 15, 16 and 18 May 2018 and was announced. The provider was given 24 hours' notice because the location provides a service to people in their own homes and we needed to be sure staff would be available at the location to speak with us. The inspection team consisted of four adult social care inspectors, two of whom completed telephone calls to staff employed at the service 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. The expert by experience telephoned 11 people using the service and two people's family members on the 15 May 2018.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control and the Clinical Commissioning Group to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

During our inspection we spoke with the registered manager, a company director, a team leader, 10 support workers and a training coordinator.

We spent the first day of the inspection at the company's registered address speaking with staff and looking at records; these included five people's care records, three staff recruitment files, various policies and procedures and other documents relating to the management of the service. On the second day of inspection we visited three people who used the service in their own homes; this included looking at the

care documents kept there, with the person's permission. On the third day we visited the supported living accommodation in Sheffield.

Good

Is the service safe?

Our findings

At our previous inspection this domain was rated Good. This domain remained Good.

Everyone we spoke with told us they felt safe receiving this service. Comments received from people included, "I feel safe because I know someone is coming every day so I know someone is checking on me", "Yes, definitely because I asked for no male carers and they do that", "Yes, I have high levels of anxiety but they are always calm and reassuring me" and "My family definitely feel like I am safe, because I get a visit every day so they don't worry as much."

The management team ensured sufficient staff were employed to safely meet people's needs by monitoring the care packages being delivered. New packages were only accepted if enough suitably qualified staff were available. Staff had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This enabled the service to know the area and times where new packages could be accepted.

Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary. In addition, care workers dialled into an electronica call monitoring system when they arrived at a person's house and again when they left. The administrative worker based at the office monitored this system and if the care workers did not dial in within 15 minutes of their scheduled visit, the system alerted the team leaders who would investigate and arrange to cover the visit if required.

The provider closely monitored care visits and kept records of missed and late care visits. All missed and late care visits were investigated, and records detailed the feedback and the discussions with people, their relatives and staff. If staff were persistently late, they were taken through a disciplinary process and records confirmed this. This showed the provider had systems in place to ensure people received care visits on time and where there were issues affecting the timekeeping, people and their relatives were informed.

People told us they received a reliable service, had agreed the times of their visits and were kept informed of any changes. No one reported that any of their visits had been missed. People told us, "When they [care staff] come, I feel relieved because I don't have any family nor anyone else coming each day", "They are on time and turn up smiling every time", "They are on time, polite, professional, do everything I ask and more", "I don't feel like they are clock-watching", "I look forward to them coming, I can't fault them" and "They are never in a rush to leave and they leave my house spotless so I don't have to do anything after they've gone."

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

We saw that risk assessments were formulated to ensure that risk was managed across every aspect of a

person's life. These included plans to manage behaviours that may challenge, personal care routines, emotional support, activities and finance. Risks were documented and assessed in a way that promoted people's independence as much as possible, and staff we spoke with felt able to care for people safely. Staff provided as much choice and independence as people were able to manage. Risk assessments were reviewed and updated regularly.

People continued to receive their medicines safely. One member of staff told us, "After training I now feel confident with medication, they [Compassionate Care] challenged me on what I knew and this is what I needed to improve my confidence." Care staff were trained in the administration of medicines. People were safely supported with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept of when people took their medicines. We saw these were completed appropriately and regularly audited. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Procedures were in place to protect people from financial abuse.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

At our last inspection in April 2017 we found the provider did not comply with the requirements of the Mental Capacity Act 2005. We found this to be a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had made a number of positive improvements and were no longer in breach of this regulation.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. People told us that staff sought their consent before carrying out any care.

The registered manager told us they were aware of the need to assess people's capacity to make decisions and talked with us about the mental capacity assessments they had completed when they became concerned about people's mental capacity.

The provider also worked alongside the social services in Sheffield who assisted the service to undertake mental capacity assessments and best interest meetings for the people living in the supported living setting. We noted this process was ongoing and the provider expected a number of Deprivation of Liberty Safeguards in Domestic Settings (DoLSiDS) applications would be made to the court of protection once these assessments had been completed by the social workers.

People confirmed they had an assessment of their care needs before they began to use the service and they felt involved in this process. Assessments were carried out by senior staff and contained comprehensive background information about people including who they lived with, their past history, employment, likes and dislikes as well as hobbies and interests. The assessment gave a good all round picture of the person and also stated why they needed the service.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. Newly recruited staff told us, "The induction was really good and I felt well equipped in my job" and "I've had training on behaviour that challenges as this is sometimes needed for the person I support, I have learnt a lot of new techniques to help me work out triggers and ways of managing."

The service continued to employ a training coordinator who arranged and provided training to the staff at

the service. The training coordinator arranged courses that could be tailored for staff supporting people with certain conditions or needs, and training had been organised for care workers around supporting people with epilepsy and learning disabilities.

Staff received one to one supervision every other month in line with the provider's policy. Supervision records showed that staff had the opportunity to discuss their training needs, support for people who used the service and any shortfalls or concerns. Staff confirmed this was the case. One staff member told us, "The company has really supported me to work around my other commitments such as my childcare." Another staff member said, "During supervision I sometimes get positive feedback which is really nice to hear."

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately. During our telephone calls to people who received a service, one person was extremely complimentary about the dedication and effectiveness of the staff employed. They said, "I really do owe them my life really, because one of the carers found a lump when they were washing me and it was cancer, so I had an operation to remove it. I wouldn't have known if it wasn't for them."

Good

Is the service caring?

Our findings

People told us staff were caring and helpful. Comments from people included, "The carers that come are friendly and professional", "The carers are lovely, every one of them", "I get along with some more than others, but they are all nice", "They are brilliant, I can't fault them", "They are always polite and cheerful", "They are always polite and nothing is too much trouble", "They do more than they need to and don't leave unless I am happy", "I have had a really hard time dealing with my problems and they always make time to listen and make me feel better" and "Yes, they always listen when I have bad days and we put the world to rights!"

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. One relative told us, "My husband sees the same carer and they have a good relationship, he is always delighted to see her." Another person said, "I know who to get help from and I would go to my Case Co-ordinator first." We saw that people's files were regularly reviewed and contained information that was gathered from people themselves and their family members.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's behavioural needs, and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

When we visited people in their homes we observed that staff provided kind and considerate support which was appropriate to each person's individual needs. People were treated respectfully and staff asked them how they wanted their care and support to be provided. Staff were friendly, patient and discreet when providing care for people. For example, one person had just been supported with their person care needs, the staff member ensured this person was fully dressed and happy for the inspector to enter their home.

During our visit to the Sheffield supported living service we observed positive, caring interactions between the people and the staff supporting them. We observed one staff member patiently supporting a person and explained a person's money to them to help them decide how much money they needed for the days chosen activity.

People told us staff encouraged them in maintaining their independence. One person told us, "The staff are always around to assist me, but they know I like to keep my independence and I do the majority of my own cooking while I still can." Another person said, "I struggle with my creams, but the staff always encourage me to do as much as I can myself. I have a routine now with my creams, but the staff sometimes will remind me if I forget."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. People told us they knew about their care plans and a manager regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us

staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Staff described how they would support somebody who identified as lesbian, gay, bisexual or transgender. The registered manager said, "If we knowingly had somebody from the LGBT community and they had specific requests, we would ensure they received the person centred support they wanted. We don't consider someone's preference of sexuality a problem; we treat everyone as an equal."

Staff were trained in equality and diversity and told us they respected people's religious and cultural wishes. People and their relatives told us staff were mindful of their religious and cultural needs and met those needs. One person told us, "I attend the church every Sunday, the staff know this is important for me and altered the time they visit me on a Sunday so I don't miss it."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and received care that was person-centred. Comments received from people included, "I know what's in it (care plan), and it gets reviewed every year", "It's here in front of me (care plan). It's a very comprehensive document", "I told them what I needed and I will tell them if it needs changing", "I was fully involved and we review it when they come out", "We did it together and we review it every year I think", "It's every year we look at it I think, yes I am involved" and "I do but I can't really remember when it was done because it was done a long time ago but we do look at it regularly."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. People told us they knew about their care plans and a manager regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. We spoke to the registered manager and director of the service who both confirmed this was an area the service was looking to develop further. The registered manager felt the service was adhering to the AIS and provided evidence of how they support people with disabilities or sensory loss to understand information they are given. However, the registered manager and director confirmed they would ensure the agency introduced a policy for AIS and review elements of their care plans to ensure people's communication needs were accurately recorded in a format that was accessible to the person. We will monitor the progress of this at our next inspection.

People and their families knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One relative said, "I am really happy, no, I am really really happy. I've never needed to complain." We saw that the complaints policy and procedure was available for people to view in pictorial form should they need it.

At the time of our inspection, the service was not supporting anyone who required end of life care. However, the registered manager was aware of how to access support from other healthcare professionals if required. Where people had a Do Not Attempt Resuscitation (DNAR) in place both the registered manager and the staff we spoke with told us the location of the document was recorded in their care plan. This ensured staff knew where to locate this document in the event it was required.

Good

Is the service well-led?

Our findings

People and their relatives told us they knew the registered manager, were happy with the service and would recommend it. Comments received included, "I have had lots of providers over the years and they [Compassionate Care] are the best, well trained and professional, and very person-centred", "The manager is very nice I have called her up a few times" and "I have recommended this service to some of my friends, I trust them."

The service had a clear vision and strategy to provide positive care for people, and staff we spoke with told us they felt the service was well managed. The manager and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. It was clear that staff at all levels had a passion to provide good quality care to people. The staff we spoke with were happy that they had the right support in place to do their jobs, and felt positive about working for the service. One staff member told us, "This company has made me feel valued, they have listened to what I have to say and have really tried to accommodate my interest working with people with autism and learning disabilities", "I love my job, it is brilliant here" and "I love coming to work. The staff all support each other and we put residents first. It is a happy place."

Quality assurance systems were in place to help the service continually learn and improve. Staff within the management team completed extensive audits of the information coming in to the office and files in general. Audits were carried out at each location that people were being supported in, which also included spot checks on staff. We saw that when mistakes were found, actions were promptly taken to rectify them.

The registered manager and the office staff conducted regular spot checks and onsite observations where they observed staff delivering care to people. Staff were observed to ensure they were wearing their identity badges and were on time and then observed carrying out the care visit as they would normally. They also used the opportunity to gather feedback from people, their relatives, and staff were able to give their own feedback.

Systems were in place to gather feedback from people who received the service as well as staff. We saw the majority of feedback was positive. Where people had raised concerns about staff not always communicating lateness, the registered manager had discussed this with office staff and introduced systems to ensure improved communication which was reflected in the comments people made to us.

Staff had the opportunity to feedback and discuss any concerns in team meetings. We saw that meetings were held that were specific to staff members who supported the same people; so that they could share information relevant to the people they knew and were supporting. Staff we spoke with felt able to express their views and share information with confidence that they would be listened to and actions taken where necessary.

The registered provider went out of their way to show staff that they were valued employees. Care workers told us about letters they had received from the provider stating their appreciation of their efforts. The

service had also implemented an 'employee of the quarter' scheme to coincide with team meetings, whereby care workers nominated each other in recognition of their hard work or support. The registered provider organised a yearly Christmas party for staff to attend at a local hotel and paid a contribution towards the majority of the costs. One care worker commented; I love my job. The company has really welcomed me." This meant the provider showed their appreciation for the staff and they felt like valued employees.

People were provided with a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.