

Compassion Care Service Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Compassion Care Service Limited provides care to people living in their own homes. 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, 16 people were receiving a service, of which 9 people were receiving the regulated activity of personal care.

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

Guidance for staff about people's known health conditions and the impact on the person and their care was limited. However, staff were found to be knowledgeable, and the registered manager took immediate action to improve this.

People were protected from abuse and avoidable harm. Staff had received safeguarding training and knew how to recognise and report any form of abuse. Risks associated with people's individual care needs, including the environment were assessed, planned for and monitored. Care staff were knowledgeable about known risks and actions required of them to keep people safe.

There were enough staff to meet people's care needs. People received care from regular staff. Care calls were monitored to ensure calls were on time and staff provided care in accordance with people's assessed needs.

Staff completed ongoing training and support. This included a monthly training topic the registered manager required staff to complete.

Improvements were being made to training in first aid and moving and handling. In addition to theory training, practical training sessions were in the process of being arranged for these areas. Spot checks to review staff competency was completed. Staff were recruited safely.

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 were supported with their prescribed medicines safely. Care records were monitored to ensure people received their medicines as required.

Accidents and incidents were recorded, acted upon and action taken to learn and reduce reoccurrence.

Infection prevention and control best practice guidance was followed. Staff wore personal protective equipment to reduce the risk of cross contamination and infection.

The registered manager had systems and processes that assessed, monitored and reviewed the quality and safety of the service. Both the registered manager and director also delivered care to people when required and managed the service effectively having good oversight and leadership.

People who used the service and staff received opportunities to share their experience of the service. The management team along with the staff team, showed a commitment in providing care and support that was consistently of high quality, personalised and supported people to live independently.

People spoke positively and were complementary about the care and support they received. This included how caring and compassionate the staff were and the organisation, communication and responsiveness of the registered manager.

Rating at last inspection

The last rated inspection for this service was good (published 10 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Compassion care Service Limited on our website at www.cqc.org.uk.

Follow up

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Compassion Care Service Limited

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

This inspection was completed by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 18 August 2023 and ended on 23 August 2023. We visited the location's office on 22 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We sought feedback from people and staff and spoke with 6 relatives, 1 person who used the service, 4 care staff and 1 senior care staff. We looked at aspects of care records for 3 people. We reviewed a range of documentation relating to the management of the service including training records, staff recruitment, quality assurance, audits and checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from abuse and avoidable harm. Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Information was available for staff of how to report any concerns via safeguarding and whistleblowing procedures.
- A staff member said, "Any change such as an unexplained bruise, or any changes to how they usually are I would record and report to the manager."
- People were positive about the service they received and how they felt safe in the company of staff. A relative said, "I feel safe, absolutely, no questions about it. They [staff] are friendly and caring. The manager tries to keep consistency by keeping the same care staff. It's never loads of new faces coming in."

Assessing risk, safety monitoring and management

- Guidance for staff about the impact of people's health conditions was limited. However, staff were knowledgeable about people's individual care needs, and had completed training covering some health related topics. People told us they found staff to be competent, experienced and skilled in meeting their needs. We concluded this was therefore a recording issue. The registered manager agreed to review care plans to ensure information relating to health conditions was sufficiently detailed.
- Risks to people's health, safety and well-being had been assessed and planned for. Staff had access to guidance of action required to care for people safely and how to mitigate known risks. A staff member said, "Guidance is detailed and kept up to date, we work really well as a team and the manager is really supportive and communication is good."
- Health and safety risks relating to a person's living environment were also assessed and monitored. For example, people's smoke detectors and life lines were checked regularly.

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 Mental Capacity Act (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.

- At the time of the inspection, the registered manager did not have a mental capacity and best interest assessment tool. However, following our inspection, the registered manager forwarded us an MCA and best interest document they would complete, in the event a person lacked capacity to consent to a specific aspect of their care.
- People's consent to their care was recorded in their care records. At the time of the inspection, people had mental capacity to consent to their care.
- Staff told us how they gained consent before providing care and what they would do if a person was unable to give consent. This included, reporting to the registered manager, speaking with family or the person's lasting power of attorney (this is a person has the legal authority to make decisions on a person's behalf) to make a best interest decision.

Staffing and recruitment

- There were enough staff available to meet the needs of people using the service. Staff were positive about staff deployment. A staff member said, "We get travel time and overall support regular people, we're a small staff team and get on really well and support each other and the manager is always available, supportive and approachable."
- People received care and support from a consistent staff team. People were positive about the staff's approach, competency and skills and confirmed calls were on time. If staff were running late, the registered manager made them aware. A relative said, "Normally they are 3 carers who attend the call, if there is a new carer, they will bring them a few times with an experienced carer." Another relative said, "No late or missed calls, staff are excellent timekeepers. If they have to alter the time, the manager will let me know."
- Staff recruitment procedures were in place. We found staff had been recruited safely. Checks were carried out before staff started work which included references. Where character references were requested, we noted the length of time the referee knew the person and the relationship was not clear. We discussed this with the registered manager who agreed to review their practice.
- Disclosure and Barring Service (DBS) checks were also completed before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their prescribed medicine safely. Where people received support to take their medicines, a care plan and risk assessment provided staff with guidance of how to provide the support safely. Medicine records were reviewed by the registered manager to ensure people had received their medicines as required. Any medicine related concerns staff identified, were immediately reported to the registered manager for action.
- Staff had received medicines training and had their competency assessed to ensure their practice remained safe.
- People confirmed where they received support with their medicines, this was completed safely. A relative said, "Staff support with medication, it is completed safely, and it is recorded."

Preventing and controlling infection

- Staff received training in the prevention and control of infection and how to use PPE safely. The provider had an infection prevention and control policy in place.
- Spot checks took place by the management team which included checking staff use of PPE.
- People confirmed staff wore PPE when supporting them. A relative said, "Yes, absolutely, staff always wear PPE 100% of the time."

Learning lessons when things go wrong

- Staff were aware of their responsibilities and actions required if an accident or incident occurred. There was a procedure for staff to record, report and respond to accidents and incidents. This included an electronic recording system that reported what had happened and logged all actions taken. The registered manager continually monitored this system.
- Records reviewed clearly showed actions taken to mitigate further risks. This included referrals to health and social care professionals for assessment, guidance and support. Actions also included follow up with staff if required, such as staff supervision meetings, refresher training, reviewing care plans and risk assessments and sharing learning with staff.

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.

At our last inspection we rated this key question good. At this inspection, the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had systems and processes that continually assessed, monitored, and reviewed quality and safety. Staff were aware of their roles, responsibilities and accountability. Staff champion roles had been developed for medication and quality assurance. Staff specifically monitored these areas whilst out on care calls and reported back to the registered manager.
- Audits and checks included staff spot checks to observe how well they met people's care needs and followed the provider's expected procedures. Care calls were monitored to ensure calls were on time. Daily care records, care plans and risk assessments were reviewed to ensure care delivery continued to meet people's individual care needs. Meetings with the person and/or their relative were arranged to discuss the care package and any required changes.
- Staff training was monitored, and staff informed when refresher training was due. The registered manager requested staff to complete a monthly training topic to ensure staff kept up to date with best practice guidance and to enhance their learning and development. Staff also received opportunities to discuss their work and had a yearly appraisal.

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

- People received care and support that was individualised to their care and support needs. Feedback from people and relatives was consistently high about their experience of the service. An external professional also spoke highly of the service. Comments included, "I have found the agency have a very person centred approach to their work and aim to work together with the service user to enable them to achieve their outcomes."
- A relative said, "The staff are wonderful. The carers keep in touch with each other, they use their phone to book in and out. They keep each other informed. The office is truly on the ball. I can't speak highly enough of them. If they are late, they will phone to keep us informed." All people we spoke with confirmed they would recommend the service to others. A relative said, "Definitely, they [staff] go above and beyond. They let me know what [family member] needs, they will do extra calls if needed. They are very good and flexible. They support us."
- The registered manager and staff team had a shared vision, values and commitment of providing consistent, individualised, high quality care. Staff were positive about working for the organisation. A staff member said, "It's the best organisation I've ever worked for, the manager and director are really kind, caring and supportive not just to people and relatives but to the staff too."

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

- The registered manager had a quality assurance procedure that enabled people, relatives and staff to share their experience about the service. Surveys were sent out 6 monthly inviting people to share their experience. We reviewed feedback received during 2022 and 2023 and this was consistently positive.
- The registered manager also completed staff spot checks and delivered care when required. This enabled them to have regular direct contact with people, relatives and staff. This supported them to have continuous oversight and had assisted them to develop positive relationships.
- The registered manager valued and supported the staff team effectively. They completed regular staff welfare checks and had a quarterly staff recognition award for staff that had gone above and beyond their role.

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 understood their responsibilities and requirements of the duty of candour to be open, honest and transparent when things go wrong.
- The registered manager understood their responsibilities to complete statutory notifications. These are specific events the registered manager is legally required to notify CQC to assist us with our monitoring of services.
- At the time of our inspection, no complaints had been received. This was confirmed by people who told us they felt able to raise any concerns and felt confident they would be listened to.

Continuous learning and improving care

- The registered manager was experienced, motivated and had a commitment to continually improve the service. An example of this was their plan to develop their current monitoring systems to become fully electronic.
- The registered manager was open and honest during the inspection, and any areas where we identified minor shortfalls they actioned immediately. For example, staff had received online training in first aid, whilst the modules were detailed this did not include practical face to face training. Action was immediately taken, and staff were booked to complete this within a month.
- We also noted that moving and handling training was also online. At the time of the inspection no person was supported with a hoist and a person who was supported with a piece of equipment, an occupational therapist had provided training to staff. However, after further discussion the director registered on a train the trainer moving and handling course, to ensure staff oversight and competency in this area.

Working in partnership with others

- Staff worked with external health and social care professionals to support people in their ongoing care needs.
- Care records confirmed how staff made referrals and sought guidance and support when required. This included sharing important information with ambulance and hospital staff.
- An external professional provided positive feedback about how well staff worked in partnership. Comments included, "The agency work very well in partnership with my myself and the service user/family. Communication is open and transparent."