

Compassion First Care Ltd

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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 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

Compassion First Care Ltd is a care at home service providing personal care to people within their own homes or flats. At the time of our inspection there were 15 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Quality assurance tools had not always identified areas of improvement required. Improvements were ongoing to the quality assurance processes as the registered manager had purchased a new auditing system. The registered manager had not notified CQC as required of all safeguarding referrals they had made.

People were supported by consistent staff who knew them well. People told us staff attended their care call in a timely way and people did not feel rushed. People received their medicines safely. People were supported by trained staff who understood the different types of abuse. People were supported by staff who understood infection control best practice.

People were supported to have maximum choice and control of their lives and staff supported not 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 to eat and drink safely. Staff were trained and people felt safe with staff. People were involved in their care planning and risk assessments.

People told us staff were kind and caring and knew their likes and dislikes. Staff promoted people's independence and respected their privacy and dignity.

People knew how to complain and felt able to raise concerns. People knew who the manager was and gave positive feedback about them. People had access to health and social care professionals. People were supported to communicate in a way which supported their understanding.

Staff understood and were meeting people's preferences. Staff had access to regular staff meetings and supervisions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 August 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the rating has improved to good.

Why we inspected

This inspection was prompted by a review of the information we held about this service and information shared with us by the Local Authority. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

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.

Is the service safe?

Good ●

The service was always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Compassion First Care Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection team consisted of 1 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 care service.

Service and service type

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

Registered Manager

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 because the service is small and we wanted to be sure there the registered manager was available to speak with us.

Inspection activity started on 29 November 2022 and ended on 01 December 2022. We visited the location's service on 01 December 2022.

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

During the inspection we spoke to 1 person who used the service and 6 relatives. We spoke with 4 staff members including the registered manager, senior care workers and care workers. We reviewed the records of 3 people who used the service and multiple medicine records. We also reviewed records relating to staff recruitment and training and the oversight of the service.

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 question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff rotas did not always include travel times between all people's care calls. We raised this with the registered manager who acted immediately to ensure this was put in place. This had not impacted on people's call times as people receiving support from the service all lived in a small geographical area.
- People told us staff attended on time. One person told us, "They arrive on time unless there are issues. They ring if they are going to be late, but they've not had to do this for ages."
- Staff supported people for the right amount of time and people did not feel rushed.
- People were supported by safely recruited staff. The registered manager completed Disclosure and Barring Service (DBS) checks on staff prior to them commencing their employment. DBS 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 oral medicines safely. One relative told us, "There are no problems with medicines. [Person's name] gets [their] medicines and pain relief when needed. They even pre-empted when the medicines were running out."
- Where people were prescribed medicines on an 'as required' basis there were clear records in place to ensure people received these when they needed them.

Assessing risk, safety monitoring and management

- At the last inspection people's risks around choking were not assessed and there was not clear guidance in place for staff to mitigate this risk. At this inspection improvements had been made and people at risk of choking had clear plans in place for staff to reduce this risk.
- People had risk assessments in place which explored their known risks and provided staff with clear guidance on how to mitigate them. For example, a person with epilepsy had a risk assessment in place with guidance for staff on how to support the person during a seizure.
- Staff demonstrated a good understanding of how to manage people's risks and keep them safe. For example, where people's skin integrity was at risk, appropriate pressure relieving equipment was in place.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected from potential abuse. One person and their relative told us, "We feel safe with them, they come and do the job and are very caring."
- Staff were trained in safeguarding and were able to tell us about the different types of abuse.
- Safeguarding concerns were reported to the Local Authority Safeguarding team as required.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through hygiene practices of staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learned where things had gone wrong. For example, the registered manager reviewed potential accidents and incidents and made changes to people's care and support to reduce future risk.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they received care and reviewed regularly in response to changes in their health.
- People's health care needs were recorded within their care plans to support staff to meet any associated needs. For example, a person with eczema had this recorded within their care plan and guidance for staff on how to support the person with this.
- People who experienced periods of distress had clear records in place to support staff to reduce any risks related to this. These records included their choices around how staff should approach them and activities which help them remain calm.

Staff support: induction, training, skills and experience

- Staff received an induction and training relevant to their roles and prior to supporting people.
- We received positive feedback from people and staff about their training. One person said, "They have had training, for example, moving and handling, [staff] know what they are doing." A staff member said, "We had a week of training and induction in the office and then again on the field supporting people. It was my first time as live in carer. It was really useful."

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

- People were supported to eat and drink safely in line with their needs. One relative told us, "[Staff] make [person's name] breakfast, do some basic cooking and microwave meals and drinks. They advise which food is needed. It seems really organised."
- Where people required additional support with eating and drinking they received this safely. For example, one person was at risk during eating and staff were required to stay with them. Staff documented clearly they remained with the person to ensure they ate their meal safely.

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

- People had access to health and social care professionals where they required them. For example, staff supported people to contact their GPs where concerns with their health had been raised.
- The registered manager worked with health and social care professionals to make improvements to people's care where their needs changed. For example, they referred a person to occupational therapy where their mobility needs changed.

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.

- People were supported by staff who had a good understanding of the MCA and were meeting this. For example, people had decision specific capacity assessments in place which involved them and those important to them.
- Staff ensured they asked people's consent prior to supporting them. One person told us, "Oh yes, they get my consent. They explain things, they tell me all the process before they do it."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Information about people's protected characteristics was included within care plans to support staff to meet these needs. For example, people's religion, gender and sexuality was recorded within their care file.
- People were supported by kind and caring staff who knew them well. One person told us, "Staff are brilliant they are very, very considerate and patient."
- Relatives also gave positive feedback about staff. One relative told us, "[Staff] are very pleasant; caring and helpful, I can't fault them."

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

- People were supported to be involved in their care and how it was delivered. One relative told us, "They involve [my relative] as much as possible."
- People told us staff knew them well and supported them to make changes. One person told us, "[Staff] have helped me to do things, they give me time to stand by myself, then lower me back safely. I feel I'm in control of things." One relative told us, "They have been consistent with carers, they know [relative's name] well."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One relative told us, "[Staff] are good with dignity. The male carer doesn't do personal care, just practical things. [Relative's name] is very happy with this."
- Staff promoted people's independence. One staff member told us, "[Person's name] is really very independent. They will tell you if they want to go to town for a drink or shopping. It's about making sure you listen to people and involve them in their care and how it is delivered."
- People's independence was promoted through their care planning. For example, one person's care plan contained details around how staff should enable them to make choices around their jewellery as they were passionate about this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's preferences were included within their care plans. For example, people's food, drink and care preferences were recorded to support staff to understand and meet these.
- People told us they had 'consistent' staff who knew their likes and dislikes.
- People and, where appropriate, their relatives were involved in the assessing and planning of their care. One relative told us, "They went through everything with us and it's all been written down in a care plan."

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. The Accessible Information Standard 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.

- People had communication care plans which provided guidance for staff on how to meet people's needs. For example, care plans recorded whether people required glasses or hearing aids.
- Where people had complex communication needs staff worked with them and their families to develop an understanding of how best to communicate with them. For example, staff had worked with a person and their family to develop a communication book.
- People could access information in a variety of formats such as braille or large print.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. One relative told us, "They left a book of information, I have the contact details if I need to complain. I would feel confident in complaining."
- Where complaints had been made the registered manager responded to these in full in line with their policy.

End of life care and support

- The service was not currently supporting any at the end of their life, however, where people had wished they had included details about people's preferences for the end of their lives. For example, people's funeral arrangements were included within their care plans.

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 requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure they had robust quality assurance tools in place to ensure areas of improvements were identified and action taken to make these improvements. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, quality assurance tools had not identified where notifications had not been sent to CQC about serious incidents as are required by law. At this inspection this was a continued concern as we found 2 safeguarding notifications had not been sent to us. We raised this with the registered manager who took action to send these notifications retrospectively to us.
- Quality assurance tools had not always identified areas of improvement which were required around people's cream records and staff travel times.
- Where audits had identified areas of improvement were required, actions to address these required improved were not recorded to evidence these improvements had been made. For example, spot checks on a staff member had identified they did not have their ID badge. However there was no documentation as to why this had occurred and what action had been taken to reduce the risk of this reoccurring.

The provider responded immediately during and after the inspection to all areas of improvement we had identified.

- The registered manager had recently purchased a new electronic auditing system to support them to make improvements to the quality assurance and oversight at the service. We will check improvements have been made at our next inspection.

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

- People and their relatives spoke positively about the registered manager. One relative told us, "I think it's well organised and tightly run. The [registered manager] has been excellent, they have contacted me when they need to."

- Staff also gave positive feedback about the registered manager. One staff member told us, "[The registered manager] is really good. They check up on us and make sure we are ok. They keep us informed."
- The registered manager was within the service and visited people to gain feedback on their support and provide training.

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 the duty of candour and was meeting this. The registered manager told us, "It's about being open and honest with clients and any other stake holder when things go wrong. I explain what we have learnt. It's about learning and doing better."

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

- People and their relatives were encouraged to give feedback about their care and support.
- People's feedback about the service was very positive. Comments from relatives included, "I can't fault [the service]"; "Ten out of ten so far, I have been stunned with the care. [My relative] seems happy with them."
- Staff had regular supervisions and staff meetings to support them and to access support.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people had access to timely support which met their needs. Professionals we spoke with gave positive feedback about the service.