

Quality & Compassion Ltd

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Inspection report

Claydon House
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Aylesbury
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HP19 8TE

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Tel: 08006891100

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

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

Quality and Compassion Ltd is a domiciliary care agency providing the regulated activity personal care. The service provides support to people living in their own home. At the time of our inspection there were 25 people using the service. All of the people using the service were receiving the regulated activity personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Whilst staff supported people to be involved in day to day decisions about their care, people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Risks to people were not mitigated to ensure they got the right support and safe medicine practice was not promoted. Recruitment practices were not always safe and further increased risks to people.

People were supported by a consistent staff team with no missed calls reported and systems were in place to inform people if staff were running late for calls. The registered manager worked closely with professionals involved in people's care to ensure the required support and intervention was provided.

Right Care:

Staff were not suitably trained and competent for the roles they were involved in. Therefore, the registered manager had not assured themselves that staff had the skills, training and competencies to ensure people got the right care.

Person centred care was promoted and people were supported to community events which promoted their well-being. People's privacy, dignity and independence were promoted with people describing staff as "kind and caring."

Right Culture:

The service was not effectively audited and monitored, to promote positive outcomes for people. Records were not suitably maintained, accurate and accessible which placed people at risk.

The registered manager was actively involved in the running of the service. They had positive relationships with people who used the service, relatives and staff. They had empowered people with complex care packages to be cared for in their home.

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

Rating at last inspection

This service was registered with us on 28 September 2020 and this is the first inspection. This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicine management, recruitment of staff, consent to care, staff training, auditing, and record management at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Quality & Compassion 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.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience who made calls to people using the service. 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.

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

This inspection was announced. We gave the service a short notice period 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 7 June 2023 and ended on 20 June 2023. We visited the location's office on 15 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with us. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with 6 people using the service and 7 family members.

We spoke with 11 members of staff, including 6 care workers, the care coordinator, the quality coach, the care manager, the registered manager and the care consultant. We also received email feedback from 3 additional members of staff.

We reviewed a range of records. This included 8 people's care and support plans, as well as people's medicines records where they received support with this task.

We looked at 12 staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, accident and incident records, compliments and complaints and audits of the service. We received feedback from 5 professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were not protected from the risk of avoidable harm. Risk assessments were either not present, had not been updated in a timely manner, or lacked sufficient and accurate detail to help staff understand and respond to risks. A person's bed rails risk assessment identified a risk of entrapment and stated protective covers were in place, however staff informed us no covers were in use. Another person's moving and handling risk assessment stated 2 staff were required to deliver care, however the document was not updated to reflect how 1 staff now assisted with these tasks.
- Risks relating to complex care needs were not well managed. Care plans and risk assessments lacked sufficient detail about tasks such as catheter care, catheterisation, bowel washouts, use of oral suction, use of a ventilator and PEG care. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. For 1 person who was at risk of pulling out their PEG, the risks around it had not been identified, was not known to staff and had the potential to result in an emergency situation. Another person's PEG included a gastric port to be emptied every 24 hours and was the type of PEG which required weekly water balloon changes. Their care plan did not include details on the water balloon changes and lacked detail around PEG care, and risks associated with the PEG. In daily notes covering a period of 3 weeks and 4 days, only 2 weekly water balloon changes were logged. This had the potential for the PEG to fall out and place the person at risk of unsafe care.
- People were placed at risk of choking. Records for 1 person stated they required 'soft and bitesize' food. The person's care plan did not refer to this, stating staff should prepare food of the person's 'choice' or 'liking', and to assist with eating if required. An earlier version of the care plan stated staff should prepare 'very soft consistence food' to a 'soft moist diet'. The person had chosen to eat foods which were not in line with a 'soft and bitesize' diet and there was no risk assessment in place to guide staff on how to promote the person's safety whilst consuming these foods.
- For another person there were contradictions in their care plan as to how the thickener (used to make liquids, including beverages and soups, a thicker consistency which is less likely to cause choking) was to be used in their drinks and medicine. It was also not specific that level 2 thickener meant 2 scoops per 200 millilitres. The staff member who had supported the person with drinks was not aware of this, therefore, the person had been placed at significant risk of aspiration.
- Risks around medical conditions were not managed. A person had epilepsy and was prescribed emergency medicine to be administered in the event of a seizure. The staff member who regularly supported the person was not aware of the action to take in the event of a seizure. They told us they would call an ambulance if the seizure lasted longer than 5 minutes, when the person's care plan stated 4 minutes. They told us the emergency medicine would be injected into the person's leg when oral emergency medicine was required to be administered. This placed the person at risk of unsafe care.
- Some people using the service were prescribed anti-coagulant medicines. An anticoagulant medicine is a

blood thinning medicine, and risks can include bleeding and bruising more easily than normal. Risk assessments in relation to use of anticoagulant medicines had not been documented, including for a person who was a known risk of falls. The care staff we spoke with were not aware of the risks associated with these medicines. Therefore, people were at risks of receiving unsafe care.

- Staff supported some people to use equipment such as electric hospital type beds and lifting aids such as hoists. We found 2 people's records did not indicate who was responsible for maintaining equipment, and records did not show when servicing had been undertaken to ensure equipment remained safe for use.

Risks to people were not always identified and managed, to mitigate risks to people. This was part of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Safe medicine management practices were not promoted. Staff of the agency advised medicines administration records (MARs) documented prior to May 2023 were on paper forms and were not accessible to us at the inspection. Therefore, there was no evidence available to confirm people received their medicine as prescribed.
- The MARs viewed did not include all the medicines prescribed to people and that were being administered by staff, including the application of topical creams, some of which were used as 'over the counter' products. For example, The MAR for 1 person did not include 2 creams or the prescribed nutritional feeds they received via a PEG. For a second person, the thickener used in their drinks to mitigate the risk of choking was not recorded on the MAR chart and there was no evidence the GP or pharmacist had been consulted to confirm the person's prescribed medicine could be safely administered in this way. This meant people were at risk of receiving incorrect and/or inconsistent care and treatment.
- Another person's care plan made reference to multiple prescribed medicines such as medicines required to treat muscle spasm, gastric stomach and diarrhoea, which were not included on their MAR. Daily notes indicated the muscle spasm medicine was usually administered. However, there was no indication the other medicines were administered as prescribed. This placed the person at risk of complications from the conditions the medicine was prescribed for.
- Some people required medicines on a 'when required' basis, including the application of topical creams. The service had failed to consistently document administration plans for these medicines and topical creams in line with the provider's policy. For example, 1 person's care records did not include 'when required' plans for the use of a pain relief medicine, a medicine to support bowel movements, topical creams and a gel used for the person's mouth. Where 'as and when needed' medicines were included on MARs, staff did not accurately document all instances of administration. For example, 1 person's MAR did not accurately record all occasions where topical creams were applied. Another person's MAR did not log an occasion where pain relief was given, and the daily records indicated it was given for a 'tummy bug' which was not what it was prescribed for. This meant people were at risk of not receiving their medicines in a consistent and timely manner, meaning that they could be in unnecessary discomfort and pain.

Safe medicine practices were not promoted. This was part of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed the service had commenced actions to improve medicines recording following the outcome of a recent safeguarding investigation. An action plan was in place which identified all staff required medicines competency assessments and recording and reporting competency assessments by the end of June 2023. A team meeting held during May 2023 outlined key procedures and expectations of staff in relation to medicines documentation.

Learning lessons when things go wrong

- Systems were not fully embedded in practice to promote learning lessons in relation to accident and incidents. Recording systems for accidents and incidents were inconsistently operated. Some events were logged by staff within daily records without being opened as an accident/incident record for management oversight. For example, incidents were not opened for 1 person's recent seizure and skin sore. This meant the person and/or others could be at continued risk of not receiving the correct care and treatment
- An alerts system was used by staff to highlight accidents, incidents and medicine to the management of the service. At the time of our inspection 16 alerts of incident that occurred between 5 May 2023 and 14 June 2023 were logged and marked as 'Action needed'. This meant records had not been updated and closed by a manager to confirm all necessary actions had been taken.
- When accident/incident alerts were closed, records did not consistently evidence management oversight or actions taken. For example, staff reported a concern of self-harm for 1 person in April 2023. A telephone call made to the person by the registered manager as we had been informed had not been documented and the person's GP was not informed until 5 June 2023. In another example, 1 person had sustained an accidental minor injury when a staff member cut their nails. No records were accessible on-site to evidence actions taken and the learning implemented to help ensure it did not occur again. Following our inspection, we were advised the staff member had been spoken with and the person's next of kin had shown staff the correct technique. There was no evidence the staff member's competency had been reviewed to be assured they were now able to perform that task safely.

Systems were not effectively operated to promote learning from incidents to prevent reoccurrence and mitigate risks to people. This was part of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following a recent safeguarding concern we noted a meeting was held with staff in May 2023 to share learning. The registered manager also explained, and shared an example, of weekly emails sent to staff where learning was shared. For example, a recent email included guidance about the correct use of personal protective equipment (PPE) which the registered manager told us was in response to learning from spot checks which identified this as an area for improvement.

Staffing and recruitment

- Safe recruitment practices were not promoted, which put people at risk. The provider's recruitment policy indicated a minimum of 2 references would be obtained, and a Disclosure and Barring Service (DBS) check would be carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The recruitment policy indicated in the event of a delay in obtaining a DBS, the staff member would work in a supervised capacity, be closely monitored and the service users they are providing care to would be informed.
- In 7 out of the 12 staff files viewed we found staff had worked without a DBS check in place and there was no risk assessment to indicate this had been identified by the service or people informed. Alongside, this employment references were not routinely obtained for staff prior to them working which meant some staff worked without references or with only one reference, as well as in some cases no DBS.
- Gaps in employment were not explored and in 1 staff file viewed references were taken from colleagues, as opposed to the organisations the staff member had previously worked for. These recruitment practices increased the risk to people using the service, as the provider could not be assured that their staff were of good character and had the necessary qualifications, competence, skills and experience.

Staff were not safely recruited. This was a breach of Regulation 19 (Fit and proper persons employed) of the

- Recruitment files contained a photo, health questionnaires and right to work checks were carried out.
- The rotas showed people were supported by a consistent team of staff. None of the people or relatives spoken with raised any issues about missed calls and they confirmed they were informed if staff were delayed. People and their relatives confirmed they knew which staff member would be coming and a regular team of staff were provided. People commented, "I get a band of them coming in, we know them all now" and "Yes, mostly 2 staff, so I know who is coming." Some relatives did not feel the agency had enough staff to support complex care packages, but they told us this was being addressed.
- Staff confirmed they were given sufficient time to complete visits and travel time between visits. They were provided with breaks between calls, and they advised on call support was available to them. The rotas showed some staff worked excessive hours of up to 80 hours a week, whilst other staff had very few hours. There was no guidance around the maximum weekly hours staff should work. The registered manager told us the maximum staff should work was 60 hours a week. They advised the hours worked were not currently monitored and agreed to put systems in place to address that.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person advised, "I feel very safe with them all" and a family member added, "Mum feels safe with them [staff] – so I'm happy."
- Staff had training on how to recognise and report abuse of children and adults. Staff told us they felt comfortable raising any concerns with the management of the service. Data showed yearly refresher training for safeguarding children and adults was overdue for 3 staff, 1 of whom had not previously completed the safeguarding children course.
- The registered manager understood their responsibility to report concerns to the local safeguarding authority and had completed a higher level safeguarding training course which included the investigation of concerns. The service had appropriate safeguarding and whistleblowing policies in place.
- The care consultant had supported with the recent investigation of a safeguarding concern. Records showed a process of investigation was followed and documented, which included identifying lessons learnt. Staff had received feedback about the findings, and learning from the investigation, via a team meeting. An action plan showed some identified actions, including reviewing medicines competencies for all staff, were in progress.

Preventing and controlling infection

- The provider had policies in place in relation to infection control. Staff told us they were provided with sufficient personal protection equipment (PPE) and people's care plans referred to using PPE for personal care tasks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not cared for by staff who were suitably skilled and assessed as competent in relation to complex care tasks they were responsible for. These tasks included intermittent catheterisation, bowel management, (PEG) percutaneous endoscopic gastrostomy, which is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach, administration of emergency epilepsy medicine, use of suction and a Nippy breathing machine (blows air into the lungs to assist breathing).
- Staff spoken with told us they had the specialist training and the training matrix indicated PEG feed, epilepsy and catheter care training was provided to some, but not all staff involved in complex care packages. However, this training was not specific to individual procedures people required, as outlined in their care plan and the training matrix did not evidence that all specialist training for the tasks referred to above was provided.
- Training certificates were not available to evidence the specialist training recorded on the matrix had taken place. For 3 staff the training matrix showed the PEG feed training was out of date. The registered manager told us she had assessed staff competencies in complex care tasks however, she was unable to provide evidence of those competency assessments, to us. The registered manager commented "There was a lapse in those records." This had the potential to put people at risk of being supported by staff who were not competent to meet their needs. A relative commented, "The carers provided are not adequately trained in dementia" and "I think the agency do not have enough complex carers available to support the package."
- Staff new to care completed The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The induction policy indicated once new staff have completed their induction, observations were carried out to check that learning was embedded into practice. Whilst competency assessments in relation to medicine management, moving and handling, recording and reporting had commenced, we found staff were signed off to work unsupervised without being assessed as safe and competent in tasks they were involved in, such as medicine administration and moving and handling.
- The staff member identified by the provider as responsible for carrying out the medicine and moving and handling competency assessments did not have the required training for the role. This was not in line with the service's induction policy which indicated competency assessments would be carried out by a suitably trained and competent member of staff.
- The training matrix showed infection prevention control training was included on the training plan, but none was provided, except as a module on The Care Certificate training. Some staff had completed their Care Certificate training in 2021. Therefore, an update in infection prevention control and other training

considered mandatory by the provider such as first aid, food safety and control substances that are hazardous to health (COSHH) was now overdue.

- At the time of our inspection the training matrix showed the current staff team had not received end of life care training. This was not in-line with the provider's policy, which stated, "Education and training are made available, and nurses and care staff should ensure they have enough confidence, competence, knowledge, and skills to equip them for undertaking this role."

Staff were not suitably skilled, trained and assessed as competent for their role and tasks they were involved in. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported and received regular supportive one to one sessions, as well as spot checks of their practice. A compliance of spot checks and supervision matrix for care staff was in place. This showed gaps in the spot checks and supervisions for a number of staff and for other staff records were not on file to confirm the spot checks and supervisions recorded on the matrix had taken place. Ineffective record management has been reported on under the well-led domain of this report.

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.

- The service was not working within the principles of the MCA as MCAs and best interest decisions were not decision specific. Some MCAs were either not in place or were not completed in a timely manner when care commenced. Records for 1 person advised their medical condition affected their "cognition and decision-making capacity" and stated their next of kin was responsible for decision making. No MCA had been documented to evidence this statement, and staff supported the person with complex care needs and use of restrictions including bed rails and wheelchair straps. Another person did not have a decision specific MCA for medicines support.

- Records for a person included an MCA for consent to care. This was not decision specific and did not include aspects such as around the use of bed rails, moving and handling equipment or time for going to bed. The person also required a thickener in their drinks and medicine. Administering the medicine in thickener had not been considered as being administered covertly (where medicine is given in food or drink without the person's consent and without an MCA to support the practice).

- Information within care records relating to powers of attorney was not always accurate or complete. We found 1 person's records incorrectly identified their mother as a power of attorney, which the registered manager confirmed was not in place. Another person's records stated a power of attorney was in place, however the service had not seen evidence to confirm this. A third person's summary care plan stated 2 relatives held power of attorney, without specifying whether this related to financial or health and welfare

decisions. The registered manager did not respond to our request for additional information about the third person's attorney arrangements.

The service was not working to the principles of the MCA 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew how to gain people's consent to receive care through verbal or non-verbal means. For example, 1 care worker supporting someone who communicated non-verbally explained after personally checking the shower temperature was safe, they placed the shower on the person's foot, and checked their body language to make sure they were comfortable with the temperature before proceeding. In another example, the quality coach explained how they respected 1 person's wishes when they refused their medicine.
- Staff communicated with people to seek day-to-day consent for care. A relative told us, "I can hear them talking to him, telling him what they're doing, asking him things, and checking if he's alright."

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

- People's needs were assessed prior to the delivery of care. The templates used for initial assessments varied in the level of detail documented. For example, 1 person's assessment and summary care plan consisted of 4 pages and another person's assessment, documented using a different template, covered 20 pages. This meant some assessments did not identify all potential risks. The assessment dated 3 April 2023 had failed to assess the person's home environment. When a review took place in June 2023 it identified the person did not have smoke or carbon monoxide alarms and they required a referral to the fire service for support. People's care records were in the process of being transferred to the new electronic recording system in use to address these inconsistencies.
- Care needs assessments had explored the person's background, things which were important to them, and what outcomes they wanted to achieve by having care and support at home. For example, 1 person's summary care plan, produced following an initial assessment, noted the person had always enjoyed walking and would like to be supported with leg exercises in bed. Another person's assessment highlighted the importance of family relationships following a recent bereavement.
- People and families told us they were involved in assessments. Comments from people included, "[Registered manager] came and did the assessment, a very nice lady", "The supervisor has been out to do an assessment – I'm very happy with her" and a family member added, "In the beginning, I did have lots of calls, but not so much now. They have said somebody is coming out to see me soon to do a re-assessment."
- Systems were in place to gather regular feedback and carry out reviews at 3 monthly intervals, and reassessments at yearly frequencies unless required sooner, determined by people's needs and wishes.

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

- Care plans identified where people received support from relatives with meals and drinks, or where staff were required to offer support.

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

- Care plans included the names and contact details of professionals involved with people. The service worked closely with other professionals to support people with complex care needs to continue to live at home. A professional commented, "New packages have settled down now and the patients have learnt to trust the agency and their team. They listen, they act and respond to the patients and relatives very quickly if there are any issues."
- Consistent staff deployment enabled staff to identify potential health concerns or changes in need in a timely way. For example, 1 person's regular care worker told us they met with the incoming night-time care

worker to share daily feedback about the person's health and wellbeing. Records for another person showed staff contacted the district nurses after identifying a health issue.

- Electronic systems enabled staff working in different roles to support the effective delivery of care. The electronic care system enabled staff working remotely to digitally raise an alert, although this was not consistently used at the time of our inspection. Daily handover systems used email or encrypted messaging to highlight any concerns raised overnight. The office staff team held Monday meetings to review any outstanding actions following the weekend.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "I have [mental health] issues and complex needs, and I need consistent care by people who understand me and my condition, and they have got to know me very well – and I know there is a great team for me – and [registered manager] is fully involved."
- People and relatives provided consistently positive feedback about the caring nature of staff. One person told us, "They are very polite and friendly people". Comments from relatives included, "[Staff are] patient and calm", "They're all just lovely" and "I'd say they are friendly, and focused and professional. I like the way that they talk with [person] when they are here."
- Staff spoke with warmth and kindness about the people they supported. Staff feedback demonstrated they took time to understand people's likes and dislikes and were attentive to people's emotions and support needs. For example, the regular care worker for 1 person was familiar with hobbies they had pursued prior to illness and was aware they had been bereaved. The care worker described helping to ease the person's anxieties by engaging them in stimulating conversation and supporting them with activities such as massage and exercise.
- A professional commented, "Quality and Compassion Ltd have proven that the patient is important and that their care is the centre of their ethos, my patients and their next of kin have given me feedback regarding the agency and their carers, they have reported that the carers are very friendly, and the care they deliver is excellent."

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

- People and families were supported to express their views and take an active involvement in care planning, via initial assessments and care reviews. A recently employed care manager was undertaking care reassessments at the time of our inspection to further develop care plans. A family member told us, "We don't have a care plan as yet. [Care manager] paid a visit recently to introduce herself and to go through everything." Documented care reviews showed views had been sought on topics such as staff timekeeping, standard of care and any suggestions the person wished to make.
- Staff took the time to engage with people and develop a rapport, which enabled staff to listen and involve people in their day-to-day care. Comments from people included, "They seem very happy, and they talk with me all the time" and "I do get anxious when doing transfers, but they always tell me what they're going to do before they do it, and that really helps me...the carers talk with me all the time, which is really good for me."

Respecting and promoting people's privacy, dignity and independence

- People received dignified care. Comments from relatives included, "They treat [person] with upmost

respect" and "[Person] was worried before [care] started, but they talk with her all the time, and are very friendly."

- Staff understood how to treat people with dignity, and protect their privacy, when supporting with personal care. For example, the quality coach advised, "[I ensure] all the curtains closed, we are covering [person] with a towel [for] private parts while washed, [make sure] no one coming in his room." A care worker told us, "[I] shut the door and give towel, has 2 towels, 1 towel [for privacy] and 1 towel for drying [person]."

- Systems were in place to seek feedback from people and families about staff conduct. For example, care reviews asked people whether they were satisfied with staff attitude, whether staff understood their needs and whether staff respected people's privacy and dignity. We saw people and families had given consistently positive feedback about staff.

- Staff recognised the importance of maintaining secure care records to protect people's privacy. During the inspection the registered manager ensured confidentiality was maintained when any sensitive information was shared electronically. The quality coach also explained they sought people's consent and only shared information on an 'as needed' basis, such as when information was required by a doctor or ambulance attending the person's home.

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. Care plans identified people's protected characteristics such as age, disability, race or religion, and included information about people's backgrounds, interests and what was important to them.
- Staff knew people well and could describe how they supported people's social and emotional wellbeing needs. For example, one staff member was aware of a person's preferred television programme which brightened their mood and knew the person enjoyed seeing bubbles blown.
- New staff spent time shadowing with more experienced staff. This meant staff could gain knowledge about people's needs and wishes prior to supporting them. A family member commented, "New ones [staff] always shadow the more experienced ones."
- People were asked if they would feel more comfortable supported by male or female staff to ensure any preferences could be met. 1 person's care plan reflected their preference for female staff and completed visit records showed only female staff were deployed in line with their wishes.
- The deployment of staff promoted continuity of care. Most people and relatives spoke positively about continuity within staff rotas. Comments from people included, "Same 3 [staff] come in" and "Mostly 2 carers, so I know who is coming." A relative added, "[There were] a few teething problems early on – now 2 regular carers."
- Staff told us how they had gone above and beyond to support people to events to provide a person-centred service. There was several compliments on display in the office to evidence people's appreciation of individual staff whom had done more than expected for people.

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's care records indicated where they experienced impairments of their hearing, vision or speech. We identified examples where this information was inconsistently recorded or inconsistently understood by staff.
- The care plan for 1 person described their speech as, "Unimpaired...I can verbally communicate my needs

and wishes." The quality coach described the person's speech was instead variable, some days the person did not communicate verbally, either moving their head to indicate yes or no, or staff needed to observe the person's eyes and body language to anticipate their wishes. This was not reflected within the person's care plan.

- Another person's care plan described a technique the person used to communicate yes or no answers. The person's regular care worker told us the technique hadn't been mentioned to them, and they hadn't seen anyone use this with the person. Therefore, we could not be satisfied staff fully understood and consistently met the person's communication needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. The service had received 1 formal complaint. At the time of our visit this had not been logged using the provider's complaint management form, and there was no evidence an acknowledgement letter had been sent within five working days, which was a requirement of the provider's policy. However, we were advised a meeting had been held at the person's home to agree actions to resolve the complaint, and we were informed the person's service commissioner had been updated.
- People, and those important to them, could raise concerns and complaints easily. Information about how to share feedback or raise a complaint was accessible in a service user guide, and a complaints procedure summary. People were also informed how they could escalate concerns if they were not satisfied with a complaint outcome.
- People and relatives described having a positive relationship with the registered manager who was easily contactable. This helped ensure people would feel comfortable raising a concern or complaint.
- A relative told us the service was responsive when a complaint was made, advising, "In the beginning [when care started], the times [staff] were coming were not regular, they would come anywhere between 8.30 and 10.00, so I called and they now come at 9.30."

End of life care and support

- The service shared positive feedback received from a relative during a care review of a person receiving palliative care. The relative highlighted the caring approach of the care coordinator, advising, "[Care coordinator name is] an amazing carer for [person]. She is very caring and she called whilst [person] was in hospital to see how [person] was doing."
- Records showed some people's end of life care wishes had been explored as part of recent care reassessments. Care plans for two people showed an assessor had offered end of life care planning, and these care plans reflected people's wishes to remain in their own homes with family support. The service had supported people receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were not undertaken in line with the provider's policy and no audit schedule was in place. For example, there were no documented audits of care plans or monthly analysis audits of accidents and incidents. In addition to reviews and reassessments, the provider's policy required the service to carry out annual feedback questionnaires. We were informed questionnaires had been distributed in November 2022 however, no evidence of this was made available to us.
- Where audits did take place, these had not been effective in identifying the concerns we found. For example, care worker file audits failed to identify the issues we found regarding staff recruitment and training records.
- Medicines auditing systems were not effectively operated. During our inspection we found a single medicines audit had been documented, and related to 1 person's medicines covering a 1 month period. The audit had failed to identify the concern we found including that staff had not recorded all instances where topical creams were applied on the medicines administration record.
- The registered manager did not always have the relevant knowledge required to understand their responsibilities to comply with regulations. For example, the registered manager had not informed CQC of a recent safeguarding concern in accordance with requirements. In addition, at the start of our inspection we learnt the service had moved office address without notifying CQC, which is a regulatory requirement. The registered manager subsequently submitted the relevant application.
- Records were not suitably maintained, in that information within care plans and risk assessments was not always accurate and up-to-date. Some records contained contradictory information or were undated or incomplete. For example, 1 person's care plan stated they had no history of pressure sores or skin concerns. We found district nurses had recently reviewed a skin sore and documentation also stated the person had a permanent skin mark and history of pressure on their heels. Other records were not maintained to show actions taken in response to a complaint and some initial assessments were incomplete.
- Records were not retained or accessible in line with the provider's policy and best practice. The service commenced use of an electronic care system on 1 April 2023. Throughout our inspection some records were inaccessible, including accidents/incidents for the period February-March 2023, competency records for complex care tasks and medicines administration records (MARs) documented on paper prior to May 2023.
- The service had failed to maintain oversight of information stored at people's homes about meeting their needs, including complex care tasks. This meant it was unclear whether staff had access to sufficient information. For example, the registered manager indicated the topical cream plan for 1 person should be within the file at their home. We asked the registered manager to check the file for the required

documentation and no topical cream plan was supplied.

Management systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided, including the management of risks relating to the health, safety and welfare of people using the service. Records were not suitably maintained, accurate, retained, and accessible. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had sourced a care consultant in April 2023 to provide ongoing assistance with identifying and supporting improvements. The care consultant showed us templates they intended to implement going forward, such as a 6 monthly audit process.
- An improvement plan was in place. This had acknowledged the need for all files and care plans to be audited to ensure documents were completed fully and correctly, and to ensure risks were accurately identified with mitigating actions documented. A target timescale of 31 May 2023 had been initially stipulated, however at the time of our inspection it was still in progress.

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

- People and families described a positive relationship with the registered manager who took a hands on approach. A person told us, "I don't know where I'd have been without [registered manager] and the care staff. [Registered manager] knows me so well, and I am always involved...I feel included in the care given to me. They have taken time to get to know me and they understand me well." Another person added, "I'm very comfortable with everything – nice agency and great staff."
- Staff told us the registered manager and management team were always accessible, approachable and supportive. Comments from staff included, "Every time [I] needed support...I'm in this new role, [I can] always call, [manager is] always happy to answer me, I feel I have enough support" and "All really happy and cooperative, if need any help or query, [I] call to [care coordinator], [care manager] or directly to [registered manager], she answer my call, all really good, personally I really like this company."
- Staff spoke respectfully about people they supported and demonstrated care and empathy. The quality coach described the service's commitment to person-centred care, explaining, "[We] want to make sure [people] are safe, they have a good quality of life, we are trying to make them happy when we are there... some [people are] alone in house all day long, not too many people coming to see [them], [we] speak with them, make them feel safe."
- The service recognised staff's interests and sought to develop their skills. For example, the registered manager had identified 1 staff member who consistently excelled at identifying and reporting skin concerns. The staff member was recently appointed as 'skin champion' and the registered manager advised they were exploring options for specialist 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 their responsibilities in relation to the duty of candour.
- The service had a duty of candour policy in place. This incorrectly referred to the criteria for a "notifiable safety incident" for an NHS trust, rather than the criteria for a "notifiable safety incident" applicable to other services such as adult social care domiciliary care providers.

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

- The provider sought feedback from people and those important to them via care reviews and

reassessments. These showed the service had received positive feedback in areas such as staff performance, standards of care and dignity and respect. Reviews also provided people with the opportunity to make comments and suggestions. Comments noted from 1 person during a recent review read, "I am happy with all my carers, they are kind and patient."

- Staff were encouraged to be involved in the development and running of the service. The registered manager explained they had received positive feedback from new staff about shadowing a senior carer. The registered manager had recently promoted this staff member to the role of quality coach, enabling them to support with the service's improvement plan as well as continuing to support new staff working in people's homes.
- The registered manager described examples where they had worked collaboratively with people regarding the management of their care and support. Although minutes were not available, the registered manager outlined a recent meeting which was organised and chaired by a person using the service to discuss their care provision and wishes. A family member also told us they were involved in identifying suitable staff, advising, "I helped interview one [job candidate] yesterday, as we need a fourth care staff member."
- Monthly all staff meetings and weekly office meetings provided opportunities for staff engagement. Staff told us these meetings were helpful, and minutes showed staff received feedback in topics such as recording and reporting, medicines support, and use of the electronic care system. We noted positive feedback was shared to recognise staff achievements.
- The registered manager had commenced weekly email updates to engage with staff working remotely. For example, recent emails to staff included topics such as using personal protective equipment (PPE) effectively and ensuring safety whilst working in hot weather.

Working in partnership with others

- The service worked in partnership with other health and social care organisations. We received positive feedback from professionals who had worked with the service. They commented "Professional agency, with a responsive caring manager who promotes consistent care "and "Communication has been thorough, timely and consistent. They have a good understanding of continuing healthcare, good relationship with staff and clarity of what can be delivered."
- The service was responsive to referrals received from commissioners. For example, records showed the service assessed and commenced care within 2 working days when commissioners requested urgent support to facilitate a person's return home from respite care.
- Records showed staff were in contact with a range of professionals in relation to people's health and care needs. For example, the service contacted the local council to share concerns about 1 person who was identified as at risk of self-neglecting their home environment and declining staff support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The agency was not working to the requirements of the MCA 2005 and the associated code of practice.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided, including the management of risks relating to the health, safety and welfare of people using the service. Records were not suitably maintained, accurate, retained, and accessible.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment process were not followed to ensure staff were suitably vetted for their roles.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not suitably trained and deemed competent for tasks they carried out.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not identified and mitigated which meant safe care and treatment was not provided

The enforcement action we took:

We served a warning notice.