

Asra Housing Association Limited

Compass Care

Inspection report

The Wolsey
Abbey Park Road
Leicester
LE4 5AF
Tel: 0116 2576702
Website: www.asra.org.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 8 February 2016.

Compass Care provides personal care to people in their own homes. The service specialises in supporting older and younger adults including people living with dementia, learning disabilities, mental health conditions, physical disabilities, and sensory impairments. The service is available to people who are tenants of Asra Housing Association Limited.

At the time of our inspection there were 5 people using the service.

The service did not have a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager in post told us she had submitted her application to CQC to become the service's next registered manager.

Summary of findings

People told us they felt safe using the service and trusted the staff. Staff knew how to safeguard the people using the service. The provider's safeguarding policy emphasised that 'safeguarding is everyone's business' and put people's wellbeing at the heart of their care and support systems.

The staff provided effective care that met people's physical and mental health needs. They were knowledgeable about the people they supported and knew how to support them in the way they wanted. Improvements were needed to the staff training programme to ensure all staff had completed the courses they needed to.

Staff encouraged people to eat and drink healthily and to have a varied diet. People told that staff supported them to make choices about their meals. People also gave us examples of how staff helped to ensure their healthcare needs were met, liaising with health care professionals and accompanying them to appointments where necessary.

The staff had a caring approach to the people they supported. People told us staff took an interest in their lives and talked with them about their own families which

made them feel included. Staff valued the people they supported, welcoming a visit from a person who previously used the service and arranging to visit another person using the service who was in hospital.

People had their needs assessed prior to using the service and the information was used as a basis for their care plans and risk assessments. Care plans were personalised and focused on people's views and how they wanted things done. One person told us how staff supported them throughout the day, fitting in with their lifestyle and providing advice and encouragement when it was needed.

Staff encouraged people to socialise, spend time in the local community, and maintain contact with their friends and family. This was in keeping with people's wishes. A relative commented positively on the progress their family member had made since receiving support from the service.

People told us the manager and staff were approachable and they would tell them if there was anything they were unhappy about. They had the opportunity to share their views on the service during care reviews and through an annual quality assurance survey.

Summary of findings

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 safe.

People told us they trusted their staff and felt safe with them.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

There were effective systems in place to manage risks to people.

Medication was safely managed and administered in the way people wanted it.

Good



Is the service effective?

The service was effective.

Staff had a good understanding of people's needs and preferences. Some improvements were needed to the staff training programme.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and understood people's rights in relation to their care and support.

People were encouraged to choose their meals and to eat and drink enough to meet their nutritional needs.

Staff supported people to access healthcare services when they needed to.

Good



Is the service caring?

The service was caring.

People told us that they got on well with the staff and that they were kind, friendly, and interested in the people they supported.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

People told us they were listened to when they raised concerns or complaints and staff responded by making improvements to the service.

The complaints procedures were in need of updating.

Good



Is the service well-led?

The service was well-led.

People told us that the quality of the care provided was good.

Good



Summary of findings

The manager was approachable and supportive of the people using the service and staff.

People's views on the service were sought using a range of methods, including questionnaires and care reviews.

The provider used a system of audits covering all aspects of the service to help ensure it was running well.

Compass Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection team consisted of an 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. Our experience by experience for this inspection had experience of the needs of people using domiciliary care services.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with four people using the service, one relative, the acting manager, the service manager, the support manager, one senior carer and four care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Is the service safe?

Our findings

People told us they felt safe using the service and trusted the staff. One person said, "I'm quite easy going, but if I felt unsafe I'd be on the phone [to the manager]." Another person commented, "Nothing really bad happens here." One person told us they'd had a fall and staff had immediately come to their aid. A relative told us, "We're not suffering any abuse."

People said they knew what to do if they felt unsafe. One person said, "The first thing I'd do is call [the staff] for help." Another told us the staff managed crises well and checked on their safety several times a day.

The service had a policy on safeguarding which was updated in February 2015 to incorporate the Care Act 2014. This legislation emphasised that 'safeguarding is everyone's business' and put people's wellbeing at the heart of the care and support system. The service's policy encompassed this approach.

All the staff we spoke with were aware of their responsibilities to safeguard the people using the service. One staff member said, "If I thought anyone was being abused I'd tell the person in charge straight away and made sure they informed social services, and also the police if we needed to."

Records showed that areas where people might be at risk were clearly identified in care plans and risk assessments. This meant that staff had the information they needed to keep people safe. Risk assessments covered areas such as nutrition, behaviour that challenges, and activities in the community. They were individual to the people using the service and took into account their specific circumstances and surroundings.

Where people were likely to engage in risky behaviour procedures were in place for staff to follow. These told staff what to do if, for example, no-one answered the door, medication was misused, or a person went missing. Staff knew how to minimise risk and understood what they had to do in response to any untoward events.

People told us there were usually enough staff to keep them safe and meet their needs. One person said, "They're [the staff] there when we need them." A relative commented, "Most times they're there. Sometimes we ring to ask whose coming. Most times they answer."

Some people said their care was affected by staff taking leave which meant they didn't have their usual staff members. The manager said this was unavoidable but the service did its best to provide continuity of care by employing a small staff team who knew all of the people using the service.

Records showed that no-one worked for the service without the necessary background checks being carried out to ensure they were safe to work with people using care services. We checked two staff recruitment files and both had the required documentation in place.

People told us the staff helped them to manage their medicines safely. One person said, "They have to be here to give me my tablets and watch me take them -they're not late for that." A relative said, "[My family member] forgets and the staff remind her to take them." Another person using the service said their medicines were 'given on time as a priority within a half or one hour window'.

Care records included detailed information for staff on people's medicines. This included a list of the medicines they had been prescribed, how they preferred to take them, and information on what to do if a person took too much medicine. Staff used MARs (medicines administration records) to document when people had their medicines

We looked at two people's medicines risk assessments. These included instructions to staff on checking medicines were safely stored and liaising with pharmacists and other health care professionals if they had any concerns about a person's medicines. The staff we spoke with were aware of this information and gave us example of how they administered medicines safely to the people using the service.

Records showed that staff were trained to support people with their medicines. However the service's training matrix showed that some staff members' medicines training had expired (see 'Effective').

Is the service effective?

Our findings

People told us the staff provided effective care that met their needs. One person said, “They do it [provide support] well. Normally carers just deal with my daily needs, but they also deal with my mental health needs.” Another person said the staff were skilled at looking after their physical health needs and supporting them to use aids and adaptations.

One person said the staff had a willing attitude and supported them if they were feeling anxious. They said, “[The staff] try to see if there's anything they can do to help, and just talking helps.” However they told us they thought staff would benefit from more training in mental health as some of the people using the service had mental health needs.

The staff we met were knowledgeable about the needs of the people using the service. One staff member said, “We’ve only got a small number of clients and we know them all very well and what they need. If there's anything we don’t know we look in the care plans or ask the senior.”

We looked at the service’s training matrix which is a record of the training staff have done or were due to do. This showed the service offered staff a wide range of courses to give them the skills and knowledge they needed to help ensure people received effective care.

All staff had had an induction and completed the Care Certificate, a national recognised qualification in basic care. However not all staff had completed the more in-depth courses the service provided, for example medication, first aid, and manual handling. We also saw that some staff member’s training had expired, and the agency’s bank staff had far more gaps in their training than the regular staff which could put people at risk as both kinds of staff have to do the same job.

We discussed this with the service manager who said she would review staff training. Following the inspection she contacted us by email to say she had been working with the provider’s learning and development team to source suitable courses. She said she had booked a number of courses for staff to attend in the next three months including manual handling, mental health awareness and dementia care.

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 Act requires that as far as possible people make their own decisions and are supported 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. At the time of our inspection none of the people using the service were assessed as lacking the capacity to consent to the care the service provided.

The provider had a policy on the Mental Capacity Act (MCA) and the majority of staff had had training in this legislation. Records showed that staff had access to a decision making tool which they could use if they needed to decide on a person’s best interests. This approach will help to ensure that the MCA code of practice is followed.

People told us that if staff prepared food for them they encouraged them to choose what they wanted. One person said, “They always ask me what I want. They're with me to do the shopping and they know what needs to be cooked.”

One person said they would like more freshly prepared food rather than ready meals. They told us one staff member was sometimes able to do this but it wasn’t always possible due to time constraints. We discussed this with the manager who said this was because the person’s current care package didn’t allow for full meal preparation. She said she would follow this up with the local authority to see if anything could be done to enable this person to have the type of meals they wanted.

People’s care plans set out how staff were to support people with their nutrition and hydration. If people were at risk in these areas there were instructions for staff to follow. For example, one care plan read, ‘staff to continue to provide prompts for [person’s name] eating and drinking and to ensure that there is food available in [their home] at all times.’

Records showed that staff supported people to buy and prepare their own food, where appropriate, and to choose what they wanted to eat and drink. Staff also encouraged people to eat a balanced range of meals. For example, one care plan stated, ‘staff to encourage [person’s name] to add

Is the service effective?

vegetables, pasta, and rice to their meals', and another instructed staff to support the person using the service to 'try all types of food'. This helped to ensure people had a healthy and varied diet.

People using the service gave us examples of how staff had supported them with their healthcare needs. One person said staff supported them to call their GP when they needed to. A relative told us staff accompanied their family member to health care reviews.

Another person said staff encouraged them to attend medical appointments and accompanied them where

necessary. The person told us, "Sometimes they go with me - depends on what it's for and how I'm feeling. [Sometimes] they have to persuade me for weeks to go, and then they take me."

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in care plans so they could support people to be healthy and alert health care professionals if they had any concerns. Where necessary staff worked alongside health care professionals to help ensure the people using the service had their physical and mental health needs met.

Is the service caring?

Our findings

People told us most of the staff were 'excellent' and had caring attitudes. One person said, "They always make time for me. One carer pops in to talk if I tell one of the other carers I need her. She'll come and see what I want. I talk to her a lot about my health." A relative commented, "The staff seem to be caring. They're very polite. We all talk together with the staff and get to know them and what they've done, if they've got children ... the full CV!"

On the day of inspection one person using the service was in hospital. We saw staff were concerned about this, phoning the hospital for updates, arranging to go and see the person, and asking each other for news about how the person was. Staff acted as if this was a family member which showed their positive caring relationship with the person concerned.

During the inspection one person who had previously used the service came to visit. Staff greeted this person warmly and offered them a hot drink. The manager came to see them and spent some time talking with them and taking a positive interest in their current living arrangements and how they were getting on.

One person told us they enjoyed the 'banter' with the staff and said of them 'they've got the right attitude'. They said they'd had a few compatibility issues with the occasional member of staff but nothing that warranted a complaint. The manager said that if people didn't get on with certain staff, for whatever reason, they would be given different ones.

People told us they were involved in making decisions about their care. One person said, "They always ask my consent [before they provide support]." Care plans were signed by the person using the service to show their agreement. One person had asked for a particular staff member to be involved in developing their care plan and this had been agreed and actioned.

Staff gave people choice and involved them in decisions when support was provided. For example one person told us, "I've got to be colour-coordinated [with clothing], and they know more or less what I want, but they still check. Otherwise it doesn't feel like me, if I'm not dressed properly."

People told us staff respected their privacy and promoted their dignity. One person told us, "I get enough privacy -they don't disturb me." Another person said, "I do get to privacy and most of them are considerate. Some drop in to see how I am."

During the inspection one person using the service came to the office with a query. We saw that staff immediately stopped what they were doing to attend to the person and were friendly, polite and respectful. They showed the person they valued them by dealing with them as a priority and responding promptly to their request.

Staff were trained in respecting people's privacy and dignity during their induction. All the staff we spoke with understood the importance of this and the care records we saw evidenced this approach. For example, one person's care plan reminded staff 'to talk to [service user's name] in a friendly and approachable manner'.

Is the service responsive?

Our findings

People told us the staff provided care and support that was responsive to their needs. One person said, “I don't have to manage all by myself. I say what I want and they do what I want. I tell them.” Another person explained how staff supported them throughout the day, fitting in with their lifestyle and providing advice and encouragement when it was needed.

All the people using the service had their needs assessed prior to using the service and the information was used as a basis for their care plans and risk assessments. Care plans were personalised and focused on people's views and how they wanted things done.

Care plans included positive information about the person in question, for example ‘[Person's name] has a lovely sense of humour and communicates freely when relaxed.’ If people had particular hobbies and interests there were included so staff could talk with them about these. One person had a particular ambition and records showed staff were supporting them to achieve this.

Records showed that staff had the information they needed to provide people with the right level of support so as to maintain and build on their independence skills. For example staff were told to always offer people choice, for example, ‘[Person's name] can choose their own clothes they just need information about what is appropriate regarding the weather conditions.’ People were also encouraged to socialise, spend time in the local community, and maintain contact with their friends and family. This was in keeping with people's wishes.

People told us staff had encouraged them to be more independent. One person said, “I didn't used to do anything but I do a lot more now. The staff say 'Come on [person's name] let's do this or that'.” A relative also commented positively on the progress their family member had made since receiving support from the service.

People told us that their calls were mostly on time. One person said, “Sometimes they get delayed depending on where they are. It can be up to half an hour but it's not that bad.” Another person commented, “They're not late, usually only a bit late, about 10 minutes or something like

that - it's not a problem.” Records showed that staff timekeeping was within acceptable limits and people were informed if a staff member was going to be significantly late.

People told us they would have no hesitation in complaining if they felt they needed to. One person said, “I know about complaints. I haven't made a complaint, although I know how to, because there's been nothing to complain about.” Another person said, “All the staff are kind and we can tell them if something is going wrong. We trust them.” A relative told us that if they had a complaint they would telephone the staff in the office.

One person thought a staff member had been disrespectful on one occasion when some medication had been mislaid. They said they reported this to a senior staff member who met with them and agreed to make changes to their staff team so they only had the staff they felt happy with. A relative said they were pleased with the service's response to a concern they had. They told us, “We're satisfied - we didn't write a letter and they sorted it out anyway.”

A user-friendly version of the provider's complaints procedure was in the service's statement of purpose. This was clear and easy to follow. However it did not give contact details for the local authority that, as commissioners for the service, could be approached if people had concerns about how it was being run. The provider's full version of the complaints procedure was also in need of improvement. This was because it was geared towards housing tenants rather than people using social care services. For example it referred to the Housing Ombudsman, rather than the Local Government Ombudsman, the latter being the person responsible for complaints about social care.

We discussed this with the service manager who agreed to review and rewrite the service's complaints procedures to ensure they were applicable to Compass Care and included information on how to escalate complaints to the local authority and Local Government Ombudsman, where applicable. They also said they would provide contact details for advocates, in case people needed support in making a complaint, and information on the role of CQC as regulators of health and social care. This will help to ensure that people using the service can easily raise complaints and concerns if they need to.

Is the service well-led?

Our findings

We received positive comments about the quality of the service provided. One person told us, “This is the best care we've had so far.” A relative said, “Yes, they are good. They can't do any better. They've treated us ever so well. I'm very impressed with the manager.”

However some people were felt there had been too much change at the service. One person said, “There's been a lot of change. Sometimes it's frustrating. If it only happens once it's okay but not regularly.” Another person told us, “We've had three different managers in about a year [...] that's the problem - all these different people.”

We discussed this with the manager. She told us there had been a number of changes at management level and this had affected the service at times. She accepted this had been disconcerting to some people using the service. However she said that now she was in post, and had applied to CQC to become the registered manager, she intended to bring stability to the service.

The manager gave us an example of how one person's care had improved over recent months. She said they had been getting two mealtime calls that were close together. This meant the person was getting one meal straight after another which they did not want. The manager liaised with the health authority, who commissioned the support, to make changes to the calls so they better met the person's needs.

Records showed the service sent out annual quality assurance questionnaires to people using the service and visiting professionals. We looked at the results of the most recent ones from October 2015.

Fifteen questionnaires were completed and returned by people using the service. The results showed that the majority of the respondents were satisfied with all aspects of the service. One person commented, “I have never been happier, the staff are brilliant, I love everything about Compass Care. I have never been so independent and

treated so nicely.” Some people made suggestions for improvement including regular staff and better communications. The service manager said these issues were being addressed.

One questionnaire was completed and returned by a visiting professional. They were satisfied with all aspects of the service and commented, “Overall I have been very impressed with Compass Care.”

We looked at the culture of the service. The manager told us it was set up at the request of Asra Housing Association tenants so had had a ‘people-led’ ethos from day one. The support manager said the service promoted the provider's values of ‘seeing it from the customer's perspective’; ‘serving diverse communities on their doorstep’; and ‘teamwork’. He said the service only recruited staff who shared these values and were prepared to ‘go that extra mile’ for the people they supported.

Staff told us they were well-supported by the service. Records showed they had 1-2-1 sessions every six weeks where they had to opportunity to reflect on their work and give their views on how the service was running. Staff told us there was an emphasis on teamwork at the service. One staff member told us, “I can see here what a team is. We're not waiting for a manager. We organise ourselves.” The manager and all the staff we spoke with said they felt a team approach provided the best outcome for the people using the service.

The manager carried out monthly audits of staff continuity and times and length of calls and these were sent to the two local authorities who contracted with the service. These audits were sent as evidence that the service was meeting its contractual obligations. The service also had its own system of audit in place covering all aspects of the service to help ensure it was running well and these were shared with the provider so they could monitor its performance. For example, records showed the service manager had recently carried out an ‘unplanned service user file audit’ to check that information concerning the people using the service was up-to-date and comprehensive.