

Compassionate Herts Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection took place on 18 and 19 July 2017. The inspection was announced to make sure that the Provider who was also the registered manager was available to support the inspection. It was the first inspection since the service was registered on 16 September 2016.

Compassionate Herts Ltd is a small domiciliary care service which provides personal care and support to people in their own homes. The service was supporting eight people at the time of our inspection.

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

The provider told us that staff had not received safeguarding training yet and records confirmed this to be the case. This could place people at risk of abuse as staff would not have the skills and knowledge to identify and report potential abuse. There was a safeguarding policy in place and we saw that a safeguarding concern that had been raised had been properly recorded and investigated by the local safeguarding authority.

We saw that risk assessments had been completed. The risk assessments contained adequate information but could be more detailed to help staff mitigate identified risks effectively.

Consent to care had been obtained and was recorded in people's care plans. The Provider who was also the registered manager had completed a train the trainer course to enable them to train staff in the topic of Mental Capacity Assessments (MCA). However staff had not received training and two people who were being supported who the Provider who was also the registered manager told us had a diagnosis of dementia and lacked capacity to make decisions about their care and support had not had their capacity assessed in accordance with the Mental Capacity Act (2005) (MCA).

The provider told us that staff had received first aid training along with moving and handling training, and the MCA and we saw records to confirm this along with some medicine competency checks.

We found that the recruitment process was not robust and pre-employment checks had not been consistently completed in accordance with the provider's own recruitment process in particular in respect of incomplete application forms, exploring gaps in employment histories and obtaining and validating references.

There were some quality assurance systems in place. However these were not effective in identifying the shortfalls we identified as part of the inspection. Staff had not received induction or on-going or refresher

training and support arrangements were inconsistent. We suggested that the Provider who was also the registered manager may want to consider approaching an organisation to help support them with addressing the shortfalls.

There was a complaints policy and procedure in place. The Provider who was also the registered manager told us they had received one complaint and we saw this had been appropriately investigated and responded to.

The Provider who was also the registered manager told us they planned to send a survey to people who used the service to obtain feedback and this was in progress at the time of our inspection. The information had not been analysed at the time of our inspection, so we could not assess the effectiveness of the process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The recruitment process was not robust. pre-employment checks were not consistently completed.

Staff had not received safeguarding training to help them identify and report potential abuse.

People had individual risks assessed which were adequate, but could be developed to provide specific guidance about how to keep people safe.

People's medicines were managed safely by staff who had received training.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The Provider who was also the registered manager had completed training in relation to MCA but did not understand the process for assessing people who lacked capacity. Staff had not received training in MCA.

Staff did not receive an induction and on-going or refresher training in a range of topics relevant to their role.

Staff received some support but this was inconsistent.

People were supported to eat and drink when required.

People were supported to access health care professionals

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who knew them well.

People had developed meaningful relationships with staff.

People gave positive feedback about staff being kind, and caring.

People were involved in the development or review of their care plans.

People told us they felt listened to, and were confident issues would be addressed if they raised them.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans and risk assessments provided staff with sufficient information to help them support people appropriately and when their needs changed.

Care plans were kept under regular review. However this was not currently being recorded.

Complaints were recorded and there was evidence they had been investigated and responded to

People had been asked for feedback during quality monitoring visits and telephone monitoring.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

There were some quality monitoring systems in place to monitor the overall quality and safety of the service. However these were not effective in identifying issues we identified as part of the inspection.

Records were not always managed effectively and documents were not dated or signed so we could not be assured they were current.

The registered manager was open and transparent and was receptive to constructive feedback. They demonstrated they were committed to making the required improvements.

Compassionate Herts Ltd

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.'

The inspection was carried out at the office location on the 18 July 2017 and feedback was obtained from people and staff on the 19 July 2017.

'This inspection was announced. '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 support our inspection. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service such as notifications which providers are required to send us

During the inspection we spoke with three people who used the service and three staff. We spoke with the registered manager who was also the provider and a managing director. We viewed two peoples care records, four staff recruitment files. We looked at training and staff support arrangements. We reviewed the quality assurance system in relation to the overall management of the service.

Is the service safe?

Our findings

The provider did not have adequate recruitment checks in place to ensure staff employed at the service were of good character. We found that although some checks had been undertaken such as a DBS disclosure and barring check (criminal records check). We could not be assured that these had been completed before staff commenced working at the service as these records were not kept. We asked the provider for staff rotas to enable us to check the actual start date staff commenced work. However although we were given a schedule of visits to show what visits staff covered the staff members actual start date for work could not be established as this had not been recorded on the records provided. We could not be assured that staff who were supporting people in their own homes were safe or suitable to do so.

We reviewed four current staff files for staff members and found that the recruitment process had not been followed. In all four we found that application forms were incomplete. There were gaps in staff employment history and dates of employment were not recorded. There was no evidence that gaps in employment history had been explored. We found that references had not been obtained in accordance with the provider's own recruitment policy for any staff who were employed at the service. The provider's recruitment policy said staff members were required to provide a minimum of four referee details, two of which were required to be from the current or most recent employer.

We noted that on one application form it simply had the first name of a person in both reference boxes with no other contact details such as an address, telephone number or email address or the capacity in which the person knew the staff member. On another application it again had one named person to provide a reference but this was not from a previous employer and had not been explored with the staff member. On a third application one typed reference was recorded saying 'To whom it may concern' there were no details of who had provided the reference and it had not been verified. The fourth staff member's file contained two character references and again these had not been verified. We discussed this with the provider and Provider who was also the registered manager. They agreed that they had not followed their own process and undertook to take immediate action to review the staff recruitment process.

The provider was unable to give us any assurances that staff had been appropriately assessed as suitable to provide care to people. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had not received safeguarding training and did not fully understand their responsibility to protect people from harm. A staff member told us that, "Safeguarding meant not neglecting people and helping them the best you can." Another staff member described different types of abuse and told us they had received safeguarding training at their previous employment. However we could not be assured that they were competent and had up to date knowledge on how to identify potential abuse and elevate safeguarding concerns. We discussed this with the Provider who was also the registered manager who agreed that they would arrange for staff to have the training as a matter of priority.

Staff had not had training in safeguarding people from abuse. This was a breach of Regulation 13 of the

People's individual risks were assessed and managed effectively. We found that risk assessments completed provided staff with adequate information to help keep people safe. However these would benefit from further development with more narrative to inform care staff how the individual was to be supported as some of the information was of a tick box nature, with little explanation. In addition three of the risk assessments we reviewed were not dated so we could not be assured they reflected current risk.

For example a risk assessment for a person who required support to be transferred using a mechanical hoist did not contain sufficient information to inform staff how to safely transfer the person. The Provider who was also the registered manager told us that staff had been individually trained on the use of specific equipment in people's own homes. However we did not see records to confirm this. The Provider who was also the registered manager provided evidence that they had a 'train the trainer' qualification to enable them to provide the moving and handling training.

People were supported to take their medicines at the prescribed times. We saw that staff had received training in the administration of medicines. We saw that the Provider who was also the registered manager had completed some competency checks to check that staff had the skills and abilities to support people safely.

Is the service effective?

Our findings

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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. We checked whether the service was working in line with the principles of the MCA and found that they were not aware of MCA requirements.

People's mental capacity was not assessed in accordance the Mental Capacity Act (MCA) 2005. The Provider who was also the registered manager had completed mental capacity training however they were unaware of their responsibilities to complete capacity assessments where people had been deemed to lack capacity to make day to day decisions in relation to their care and support arrangements.

The provider and Provider who was also the registered manager told us they were supporting two people who they had been told by family members lacked capacity. The care and support plans had been agreed with family members but they had not sought input from healthcare professionals or an independent advocate team to enable them to properly assess people's capacity. We asked the provider about the MCA but they were unable to demonstrate that they had a clear understanding of their responsibilities under the Act.

Staff had not had an induction when they started work at the service. The Provider who was also the registered manager told us they were a small staff team and worked in the field themselves alongside the staff they employed. The Provider who was also the registered manager told us that most of the staff had previous experience of working in the care field and had completed training at their previous employment. However the Provider who was also the registered manager could not demonstrate that the staff team had the competencies and skills required to provide effective care to the people they supported.

We were provided with training certificates to confirm the training had been completed but the Provider who was also the registered manager confirmed that staff had only completed three training sessions during their employment. These included first aid, moving and handling and MCA. We noted that three staff had medicine competency checks. However as they had not had medicine administration training we could not verify what the competency checks were assessed against. The Provider who was also the registered manager and managing director told us they were in relation to 'good practice guidelines.'

There was no training matrix in place at the time of the inspection. However the Provider who was also the registered manager agreed to take remedial action and sought support to address both the lack of induction, on-going and refresher training for staff. They contacted a local training provider and this was in progress during the inspection process.

Staff received some support and one to one supervision. However this was an area that required further development so that this was consistent and regular as the records we saw showed supervision was ad hoc

and did not detail a comprehensive record of discussion points or areas which required development.

People were supported by staff to eat and drink sufficient amounts to help keep them healthy and concerns in relation to dietary requirements were fed back to office staff to enable them to seek appropriate advice and support.

People where appropriate were supported to access a range of healthcare professionals such as their GP, attendance at hospital, dental or opticians appointments.

Is the service caring?

Our findings

People were cared for by staff who were kind and caring, knew them well and were familiar with their needs. Feedback from people who used the service was positive. One person told us, "I have no complaints at all, they attend to me regularly and always let me know if they are running a bit late."

The person told us, "I have [Name] and they are great, they really are, they always phone to see if I am alright." Another person told us, "[Name] is really excellent, I don't know what I would do without them, I really look forward to their visits and having a chat and a laugh and yes they are reliable and respectful." A relative told us, "We have had experience of other agencies in the past, but this one is by far the best. You get regular people, they really care and go the extra mile, they are a lovely bunch of people."

Staff were able to tell us how they maintained people's dignity and respected their privacy. For example by ensuring they had privacy during personal care and if family members were around they ensured they could not be overheard when speaking with the people they were supporting so that their personal information remained confidential.

Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences and routines.

Relatives who we spoke with spoke highly of the management of the service. They told us "I am informed and communication is good, they are a small team and we have got to know all the staff, they are very kind and caring."

People where appropriate and they were able were involved in the development and review of their care and support plans.

Is the service responsive?

Our findings

People received care and support that was responsive to their changing needs. Care and support plans and risk assessments provided staff with sufficient information to help them support people appropriately and when their needs changed.

Care plans were kept under regular review. However this was not currently being recorded. The Provider who was also the registered manager knew people well as there was a small staff team and as they had regular contact and feedback from staff they were able to adapt the service to accommodate any changes that were required. For example when a person had been in hospital and returned home they required additional support and the times to be flexible. The Provider who was also the registered manager arranged this to enable the person to be assisted appropriately.

People had been asked for feedback during quality monitoring visits and telephone monitoring had been completed. People told us they were confident their feedback would be acted upon.

People's complaints and concerns were recorded and investigated in accordance with the provider's complaints policy. We saw that compliments too had been received and recorded.

People were supported where required to pursue hobbies and staff engaged with people to help prevent social isolation.

Is the service well-led?

Our findings

The provider had some quality monitoring systems in place to monitor the overall quality and safety of the service. However these had not been effective in identifying the issues we identified as part of the inspection. For example staff recruitment records were not managed effectively and we could not be assured that records had been audited and where shortfalls were identified these had not been addressed.

The provider had completed some quality monitoring forms with people in their homes and by telephone. However the results had not been analysed so we could not see if the process was effective in rectifying any issues that were raised.

Records such as care plans and risk assessments were not always dated or signed so we could not be assured they were current. Staff supervision records were not dated so we could not assess if they were current or what the frequency was. Staff told us they felt supported by the management team, but arrangements were informal and they could access support whenever it was required.

There were no formal inductions or training arrangements in place and staff told us they had received training from their previous employers however, the Provider who was also the registered manager had no evidence to confirm this was appropriate to meet their standards and the needs of the people that used the service.

The provider did not have effective quality assurance processes in place to monitor the service. This was a breach of Regulation 17 HSCA RA Regulations 2014

The Provider who was also the registered manager and managing director were open and transparent and were receptive to constructive feedback. They demonstrated they were committed to making the required improvements.

Following the inspection the provider submitted an action plan detailing how they would make the required improvements. The provider had contacted a training provider and had sought support from a local care providers association to help them make the required improvements. They also detailed how they would introduce robust quality monitoring processes to help them identify shortfalls and enable them to make continual improvements.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff had not had training in safeguarding people from abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have quality assurance processes in place to help identify issues we identified as part of the inspection.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have a robust recruitment process in place and had not completed pre-employment checks to enable them to assess the suitability of potential candidates.