

Compare Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We inspected Compare Care Limited on the 1 February 2016 and this was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that people would be in the office whom we needed to speak with.

Compare Care Limited provides personal care and support to people who wish to retain their independence and continue living in their own home. Personal care and support is provided for older people and people living with a disability. At the time of our inspection 15 people were receiving a care service.

The service had a registered manager. A 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 2008 and associated Regulations about how the service is run.

Care staff had not received full training on the requirements of the Mental Capacity Act 2005 (MCA) and identified the registered manager had failed to ensure policies and procedures relating to the MCA 2005 were in place and readily available to staff. This meant that staff would not be aware of the correct procedure to follow should there be concerns relating to someone's mental capacity. We have therefore identified this as an area of practice that needs improvement.

The registered manager monitored the quality of the service by the use of checks and internal quality audits. We found audits to be inconsistent in quality and not always recorded when they had been carried out. The absence of detailed auditing also meant the registered manager could not be assured of the quality of service delivered. We have therefore identified this as an area of practice that needs improvement.

The experiences of people were positive. People told us they felt safe and staff were kind and the care they received was good. One person told us "I feel very safe when the care staff look after me". A relative told us "Very safe and must say trustworthy, all of the staff"

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt supported by management to undertake their roles. Staff were given supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

People and relatives said how happy they were with the management of the service. One person told us "The manager is very nice to talk to. He comes to see me and checks everything is ok for me".

People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The registered manager responded to complaints in a timely manner with details of any action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Care staff had not received full training on the requirements of the Mental Capacity Act 2005 (MCA).

Staff had the skills and knowledge to meet people's needs. Staff received an induction and training to ensure they were equipped to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and

the support they received.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were formal systems in place to monitor the quality of the service but these were not always consistent and information was not consistently recorded.

Staff were supported by the registered manager and supervisor. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and helpful.

Compare Care Limited

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 took place on the 1 February 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of two inspectors.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people and three relatives on the telephone who use the service, four care staff, supervisor and the registered manager. We observed the registered manager working in the office dealing with issues and speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on 29 April 2014 with no concerns identified.

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "I feel very safe when the care staff look after me". Relatives comments included "Very safe and must say trustworthy, all of the staff" and "The staff have their heads screwed on, mum is safe with all of them".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff were able to describe the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Any concern over a person and their well-being, we would report to our manager straight away, I see the same people regularly and would notice any changes". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, falls and equipment. For example, if concerns were raised around a person's food and fluid intake charts were put in place. Details also included how staff were to ensure people's safety in their homes by using their walking aids. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us "We make sure people are using their equipment safely and I have recently had an update for moving and handling to ensure we are doing this correctly, it is good as it just reminds you of things to be aware of"

The service had experienced staff to ensure people were safe and cared for on visits. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and recruited when required. The registered manager told us they ensured they had enough staff for the hours of care they provided and would not take on any further hours until they had the right amount of staff.

Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager and staff that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for support and guidance needed. Details around emergency contacts such as next of kin and health professionals were recorded in people's care plans.

People were supported to receive their medicines safely if required. The majority of people we spoke with administered their own medicines or had a relative to support them. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the

process they would undertake. Staff also received a medicines competency assessment to ensure this. We looked at completed spot checks which were found to be comprehensive to ensure staff were safely administering or prompting medication. Medicine administration records (MAR) were audited and any errors were investigated and the member of staff then spoken with to discuss the error and invited to attend medication refresher training if required.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Once staff were trained, they shadowed an experienced member of staff until they felt safe and competent in their role.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. One member of staff told us "If we have any concern over someone's health we would contact the registered manager and seek guidance".

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the care workers. One person told us "Staff come across well trained and effective in the roles" another told us "They are all professional and well trained staff".

Training schedules confirmed care staff had not received full training on the Mental Capacity Act (2005) MCA. The MCA 2005 is designed to protect and restore power to people who lack capacity to make specific decisions. The philosophy of the legislation is to maximise people's ability to make their own decisions and place them at the heart of the decision making. Staff demonstrated a good understanding of the importance of gaining consent but acknowledged they would like more training on capacity. One member of staff told us "I don't think we have done detailed training on the MCA but would be nice to have more". Another member of staff told us how they always gained consent from the person before delivering care and understands that the person had the right to refuse consent. In the absence of training, we identified the registered manager had failed to ensure policies and procedures relating to the MCA 2005 were in place and readily available to staff. This meant that staff would not be aware of the correct procedure to follow should there be concerns relating to someone's mental capacity. The registered manager acknowledged full training had not been provided and would organise training and implement policies and procedures. We have therefore identified this as an area of practice that needs improvement.

Care staff received essential training which provided them with the skills and confidence in providing effective care. Staff records showed staff were up to date with their essential training in topics such as safeguarding, medication and moving and handling. The training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable in their role. One member of staff told us how they shadowed an experienced member of staff before they started working with people and told us "I had induction and training with my manager and covered lots of subjects including, moving and handling, health and safety and medication". We were also told by the staff that the registered manager offered qualifications in health and social care to its staff. One member of staff told us "I am starting my diploma in health and social care next month which my manager has arranged for me". The registered manager told us of additional training that was offered to the staff through the local authority, minutes of meetings recorded that this had been discussed.

Staff told us that the supervisor carried out unannounced spot checks to review the quality of the service provided to people. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Staff told us the supervisor came to observe them at people's homes to ensure they provided care in line with people's needs and to an appropriate standard.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "We always record what someone has

eaten or drank while we were there, in their care plan so we have a record of it". People's nutritional preferences were detailed in their care plans. For example in one care plan it detailed that the person had a gluten allergy and must have a gluten free diet. In another care plan it detailed that a person requested for care staff to leave a flask of a hot drink of choice so they could help themselves to it later on in the day.

Staff had team meetings with the registered manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Recent meeting minutes detailed discussions around training and updates on people. Staff who were unable to attend the meetings were emailed a copy of the minutes. Staff had regular contact with the supervisor and registered manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with all told us the supervisor and registered manager were always available to provide guidance and support to help them provide care to people.

We were told by people and their relatives that most of their health care appointments were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if needed. One person told us "My carer has helped me before to visit a doctor, always happy to help with things like that".

Is the service caring?

Our findings

People and relatives we spoke with thought the staff were caring. Comments included "Very very good my regular carers come to me, they help and support me", "If I need anything they will help and assist me they do care for me" and "They are caring and my relative looks forward to the carer coming over".

People told us they saw regular care staff and the majority of people were advised in advance or knew who was coming and at what time. New care staff were introduced to people through their induction and shadowing. One person told us "I see regular staff, they bring new ones with them sometimes to introduce to me". Another person told us "(X) who visits me is most helpful I see her all the time, any concerns I can discuss with her". A relative told us "My mother has the same carers who visit her and she gets on well with them all".

Care workers demonstrated kindness and empathy towards the people they supported. One member of staff told us "We are there to support people and help them to remain in their homes. If they need our help with anything we support them the best we can". People and relatives confirmed that care staff were kind and helpful. One person told us "The manager will go shopping and get things for me if I need anything". Another person said "My carers help me with so much and are so kind, they will pop to the shops or help me with things around the house".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in their care plans and felt involved in decisions about their care and support. One person told us "I have my care plan here, when the carers visit me they fill it out with what they have done". A relative told us "The manager came to see us and created the care plan with us and asked what we required".

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. One member of staff described in detail how they respected a person's privacy when delivering personal care and maintain their dignity. One person told us "The staff ensure I am safe and help me to have a shower but give me privacy when I need it, very helpful the staff".

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then they ensured that happened. A member of staff told us "People want to remain in their home for as long as possible and some need support with this. I help them keep their independence and encourage for them to do things for themselves and step in when needed". One person told us "If I need any other help like making the bed they assist me and we do it together". Another person told us "My Regular carers come to me, they help me and support me and it helps with my independence of still being able to do things for myself".

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "They are all professional and well trained staff". Another said "I see several care staff in general they are very good".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person around their home who was unable to walk unaided. This included a person who used a walking aid to safely move themselves around and how staff should encourage the person to aid their mobility. It also contained information around assisting the person to dress in the morning. In another care plan it detailed for care staff to monitor pressure areas on a person's body and to report any signs of skin damage to the office immediately.

There were two copies of the care plans, one in the office and one in people's homes, we found details recorded were consistent. Care plans contained information for staff to understand the support people required. The outcomes included supporting and encouraging people's independence. People's interests were documented in their care plans. In one person's care plan it detailed that they enjoyed knitting and watching the television. People were supported to take part in activities away from their home. Staff and the registered manager told us how they supported people to access appointments and take them shopping. One relative told us "(X) is amazing, she takes my relative out in the car, to the shops or they go out for lunch". One member of staff told us "Everything done is for the person. We ask what they need and how they are". Another told us "It is great to see people happy being taken out even just to get some shopping".

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff told us about people's needs and gave us examples of people's likes, dislikes and preferences for example what somebody liked to have for lunch each day and how they carried out a moving and handling tasks for people. One member of staff told us "When you work with a person for a while you get to know what they like and dislike and respond in a way that suits them".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. People's comments around complaints included "If I had any issues I would raise it and they would deal with it" and "I have called the manager before about an issue and it was dealt with straight away, no concerns there".

Care staff told us they had enough travel time in between visits to people. One staff member told us "Yes we

have enough time to travel between the calls". Another staff member told us "I use public transport and if running late I make sure the person knows". The registered manager completed the staff rotas and told us if staff felt they did not have enough travel time between each care call they could ask for additional time. The registered manager told us "We have to ensure the person is aware of the situation and keep them updated. For continuity of care, each person has a core team of care staff and this is detailed on the rotas. Staff are then sent the rotas through email".

Is the service well-led?

Our findings

People and relatives said how happy they were with the management of the service. One person told us "The manager is very nice to talk to. He comes to see me and checks everything is ok for me". Another person told us "The manager goes shopping for me and gets things if I need anything". A relative told us "Yes the manager came to see us and created the care plan with us and asked what we required, it was good".

The registered manager monitored the quality of the service by the use of checks and internal quality audits. The audits covered areas such as training, staff files and care records. The registered manager and supervisor also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided in people's homes which highlighted areas needed for improvement. We found audits to be inconsistent in quality and not always recorded when they had been carried out. Although the last survey sent to people was over a year ago, we were told how the supervisor and registered manager gained feedback on the service at visits to people regularly. The absence of detailed auditing also meant the registered manager could not be assured of the quality of service delivered. The registered manager also told us how they were looking at potentially employing a part time administrator. They told us of the pressures of the office and what this person could do to alleviate some of the work load to ensure everything was up to date. Although the provider was aware of the issues and was taking steps to manage getting up to date with paperwork this is still an area we identified that needs improvement.

The registered manager had created an open and inclusive culture at the service. Staff told us they were able to speak to the manager when needed, and found them supportive. One member of staff told us "The manager listens to any concerns and acts on them, very approachable". Another member of staff told us "He (the registered manager) is available when I need support, he is good".

Staff felt they had good communication with the manager and the supervisor through meetings, phone calls and coming into the office. One member of staff told us "I can contact the manager if I need to and the supervisor who are helpful". Another member of staff said "I sometimes attend the meetings but have regular contact with my supervisor which is great. If I need to speak to my manager I can just call". The registered manager told us "We are a small team and trying to get everyone together for a meeting is a challenge. I hold quarterly meetings for staff and anyone who is unable to attend gets sent a copy of the minutes".

The registered manager confirmed they were supported by a supervisor. They told us that if anyone reported a concern to them it would be dealt with straight away and that it was important that staff and people felt listened to. We found there were clear communication systems in place to make sure the management team worked well together. The supervisor told us "We make sure we get together to catch up on things and have a chat regularly. I get all the support I need".

We were told about how staff worked closely with health care professionals and people's families. The registered manager told us "We offer a personal service for people with a small family feel. The key is matching staff with each person to meet their needs". The registered manager understood their

responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.