CompKey Healthcare Ltd

Charing Cross Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 22 February 2017. Charing Cross Centre provides support to people in their own homes. It does not provide nursing care. At the time of our inspection the service was supporting approximately 19 people.

There was a registered manager in post. 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.

People and relatives felt people receiving the service were safe. Risks to people were identified and responded to. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns. Medicines were managed appropriately and there were checks in place to help ensure this.

People and relatives told us timing of calls could sometimes be an issue as sometimes staff were later than expected. Most people and relatives we spoke with told us this did not cause a significant problem. Where people required support with eating and drinking this was provided. Staff liaised with healthcare professionals, where appropriate, to ensure people received the health care required.

Most of the staff had received the training the provider had identified as mandatory. However, we found some occasions where staff had not received this training, although they had prior experience and training from previous roles. We have made a recommendation that the provider take action to ensure that staff working in the service has received the training that the service has identified is required.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. Staff and the management team understood the MCA and how this impacted on the support they provided.

The provider had in place a clear ethos of providing compassionate and caring support. We found staff demonstrated these values. People and relatives confirmed that support was provided in a kind, caring, and respectful manner. Staff supported people to be as independent as possible and consulted them regarding the support provided.

People and relatives felt involved in the planning and provision of the support. The provider ensured staff knew people's individual preferences and needs. Support was provided in a way that met these.

The provider responded to complaints and took action to resolve issues. People and relatives told us they knew how to raise complaints and felt comfortable to do so.

The service understood the importance of a positive culture. They had developed values and an ethos which included the manner in which they wanted staff to work. They took action to ensure sure staff understood this.

People and staff were involved in the service; their opinions and comments were listened to and used to help develop the service. Staff, people, and relatives, were positive about the registered manager and their leadership. The registered manager monitored the quality of the service and took action when needed.

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.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns. Action was taken to manage risks to people's safety.

Medicines were managed safely.

Sometimes staff were late for visits, however most people and relatives we spoke with told us this was not a significant concern.

Is the service effective?

Good

The service was effective.

We have made a recommendation that the provider take action to ensure that staff working in the service has received the training that the service has identified is required.

The registered manager and staff understood how the MCA impacted on the support they provided.

People were supported to maintain their health, including nutritional needs, and access relevant health care professionals.

Is the service caring?

Good

The service was caring.

Staff were kind and caring, they treated people respectfully and with dignity.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Staff knew people's individual needs and preferences and supported people in line with them.

People and relatives felt able to raise any concerns they might have.

Is the service well-led?

Good

The service was well led.

The service had a clearly developed ethos which was embedded in staff understanding and practice.

People, relatives, and staff felt listened to and supported by the registered manager and the service.

The registered manager monitored the quality of the service delivered and took action to make improvements where required.

Charing Cross Centre

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 checked 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 announced inspection took place on 22 February 2017. 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 respond to our queries.

The inspection team consisted of one inspector and one expert by experience, who carried out phone 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.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also spoke with the local authority for their views on the service.

During our inspection we spoke with two people using the service and five relatives via the telephone. We also spoke via the telephone with four members of care staff, a volunteer with the service and a health care professional who had experience of working with the service. We visited the office on one day. At the office we spoke with the registered manager and looked at three people's care records, the medicines records for one person, four staff recruitment files and staff training records. We looked at quality monitoring documents, accident and incident records, complaints, and other records relating to the management of the service. The registered manager was also the nominated individual and a company director for the provider. For the purposes of the report we refer to them as the registered manager.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe using the service. One person told us, "'Yes, they're just really friendly." They went on to say how staff took their time to talk to them and that helped make them feel safe. One relative told us, "Very much so" whilst another said, "Absolutely."

The staff we spoke with were able to tell us how they would identify possible safeguarding concerns. One member of staff told us, "You get used to the [people using the service] you tend to know when they're not themselves and when something is not right." Another staff member said, "The way [people using the service] act is normally the key to wondering if something is going on." Staff knew how to report any safeguarding concerns they might have. One staff member told us, "I'd rather have the advice there and then, than wait if I had concerns."

People and relatives we spoke with told us staff provided support in a safe manner and acted on any concerns for people's safety. Both people we spoke with required the assistance of two staff to meet their moving and handling needs. They told us this was carried out correctly and always with two staff. Three of the relatives we spoke with told us how staff identified and responded to concerns regarding people's skin condition. One said, "[Name] is bedbound. They need to keep the condition of [name's] skin good, as soon as they see a pink mark they always let me know and then I can arrange the District Nurse to come in." Another relative told us, "'If [name's] skin is drying, marking, they always notice and tell me. They put cream on it to help."

The staff we spoke with demonstrated an understanding of how to manage risks to people. They were able to tell us how they would respond to someone who had experienced a fall and how to manage the risks to people's skin condition. Staff told us if they had concerns about risks to people's health and wellbeing they would report this to the office and to appropriate professionals. One staff member told us, "[Office staff] they trust your judgement, if you feel [people using the service] need something they will act." A health care professional told us that the staff raised concerns appropriately and took risks to people's well being seriously. They said, "They are very keen to get it right."

Risk assessments for people using the service were in place and we saw these were specific to each person. These covered areas such as the home environment, nutrition, skin care, and moving and handling. We saw they provided guidance for staff on how to manage identified risks. One person's care records we looked at showed that risk assessments had been updated as the risks to the person changed. For two other people we saw their risk assessments and care plans did not always reflect the current level of risk. However, we reviewed the daily notes for these people and saw that whilst risk assessments were not fully up-to-date the correct actions were being taken to manage the current level of risk to each person.

We received mixed feedback regarding if staff were late and stayed for the allocated amount of time. Both people we spoke with told us that time keeping could be an issue. One person said, "Sometimes they're late, they never let me know." The second person said, "''Sometimes they come on time. They're not very good at timekeeping." Relatives we spoke with told us late calls were not too much of a problem but there were

occasions when staff were late. One relative told us, "There have been some hiccups. They're meant to come between 10:00 and 10:30 in the morning, but sometimes they haven't arrived until 11:40am." They went on to tell us that on one occasion when this happened the evening before staff had requested they come an hour earlier. They told us, "But then they didn't arrive until 11:40 the next morning." They went on to say that their relative needs support to get out of bed and this had meant their relative was lying in bed for 15 hours.

All of the people, apart from one, and relatives we spoke with told us staff stayed for the allocated amount of time. However one person told us staying the length of time agreed was, "Erratic." They said, "They're supposed to give me an hour in the morning, they only give half an hour. At lunch it's meant to be half an hour. They only stay a quarter." They said this had been discussed with the registered manager who had told them they would look in to this concern and take action.

Three of the staff we spoke with told us they felt they were generally on time but there could be odd occasions, when due to emergencies or roadworks, they were delayed. We discussed late calls with the registered manager. They told us there had been some recent incidents of lateness due to staff being delayed on other calls and recent roadworks in the area had impacted slightly.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, which helped ensure that the risk of employing unsuitable staff members was minimised. There was no record on staff files to show that staff held the appropriate car insurance required for their job. The registered manager told us they did confirm this verbally with staff but acknowledged this was not as robust as it could be. They told us they would take action to address this.

We were only able to review the medicine records of one person, as these were the only records available in the office. We saw there were some gaps in these medicines records; however we could see from the daily notes staff made that medicines were administered as prescribed. The registered manager told us they undertook regular competency checks of staff and would audit medicine records in people's own homes. They discussed with us what they would look at and what action they would take in response to any issues being identified.

Staff we spoke with confirmed they received training in medicines administration and that the registered manager completed competency checks

Good

Is the service effective?

Our findings

Most of the staff we spoke with and the records we looked at confirmed staff had received the required training. One member of staff told us they were still waiting for some of their training to be arranged but said they were normally working alongside a trained member of staff. They told us there had been a few occasions where due to unplanned circumstances they had had to administer medicines without having received the provider's training in this. They told us they had received training in medicines administration in their previous role and had felt competent and able to undertake this task. We found another member of staff was working in the service without receiving the service's identified training. We discussed this with the registered manager who said that this member of staff had a relevant professional qualification and the staff member was waiting for training to be arranged. However, there was nothing on the staff member's file to show that the service had considered if this qualification covered the knowledge they deemed mandatory or any other consideration of the staff members training needs.

We recommend that the provider take action to ensure that staff working in the service has received the training that the service has identified is required.

People we spoke with told us they felt staff had the knowledge and skills to provide the support required. One person told us, "[Staff] know what they're doing. I'm comfortable with that." Three of the relatives we spoke with told us they felt some staff seemed more confident and experienced then others but in general they felt staff did have the skills required. One relative said, "'Some [staff] have less experience than others but new ones come with the more senior carers." Another relative told us, "Some are more experienced than others." They went on to say that overall, "I'm confident in them."

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. Staff told us there was effective team work which helped to provide the right support to people. One member of staff told us, "I think we all work well together." Another member of staff said, "If you ever have a problem you know you can go and ask, you know they [staff in the office] will come and assess and advise." A third staff member told us, "We are there together, giving each other ideas and encouraging them." Staff told us the registered manager would undertake regular spot checks to make sure they knew their role and were acting accordingly.

Staff spoke positively of the training they received. One member of staff told us training was, "Fantastic." Another staff member said, "I must admit you realise, oh, that is useful." Training records showed staff received training in areas such as health and safety, information governance, fire safety, equality and diversity, infection control, moving and handling, safeguarding and conflict management. The registered manager told us as the service grew they planned to provide additional training in more specific conditions. We saw their current plans were to provide training on dementia, stroke, and learning disabilities.

The registered manager told us new staff received an induction. This comprised of the provider's identified mandatory training and shadowing more experienced staff on shift. The registered manger told us they would then attend visits with new staff and check they felt confident and were competent to undertake their

role.

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 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. We checked whether the service was working within the principles of the MCA.

The registered manager told us that people currently receiving a service from them had the capacity to make decisions regarding their care and support needs. We saw people's care plans covered if they had the capacity to make decisions regarding their care. We discussed the MCA with the registered manager and what actions they would take if people could not make decisions regarding their care. The registered manager demonstrated they knew what the MCA was and how it might impact on how they worked with people.

The staff we spoke with demonstrated they had an understanding of the MCA. Staff were able to provide us with practical steps they took to help people make decisions regarding their care. For example one staff member said, "I always give options, if giving a meal I bring in three different options so they can choose." Staff understood the importance of people being able to make their own decisions. One staff member said, "You have to respect their right [to make decisions], but you can offer advice."

We saw staff supported some people with their meals and drinks. Care plans in place identified specific needs around this and provided staff with information regarding people's dietary preferences. We saw staff would make a note of what food and fluids had been provided to people, although this was not always consistent. Most of the relatives we spoke with told us their relative did not receive support with this task. One person we spoke with did, they told us, "Before I had them [care staff] I wasn't eating or drinking." They went on to say now they were, "Eating two meals a day, sometimes three and they always give me a cup of coffee." A relative told us, "[Staff] they make sure [name's] had something to eat." Two of the staff we spoke with told us how they looked out for signs of dehydration and encouraged people to eat and drink. One member of staff told us how they always left drinks on tables near people and reminded them to drink plenty.

People and relatives we spoke with felt staff supported people with their health care needs where appropriate. One person told us, "'If they notice I'm not very well, they say do you want us to call the doctor or call an ambulance." A relative said, "[Staff] always let me know if they notice something I should know, if they see [name's] not feeling well, they always tell me what they think." The care records we reviewed showed staff liaised with health and social care professionals where required. A health professional we spoke with confirmed that staff contacted them appropriately and in response to concerns regarding people's health care needs.

Good

Is the service caring?

Our findings

People and relatives we spoke with talked positively about the staff and their relationships with them. One person told us, "Yes, one or two kiss me goodbye, they hold my hand." One relative told us, "[Staff] are very caring, it's not just a job to them." Another relative said, "They're a lovely bunch of carers."

The registered manager told us that the company had been set up because they wanted to provide compassionate care to people. They told us, "Compassion is key to health care." They went on to tell us how the name of the provider, CompKey Healthcare, stood for compassion, competency, caring, commitment, courage, and communication. In our conversations with the registered manager they demonstrated they understood the importance of creating and sustaining a caring and compassionate culture. They told us they encouraged this through role modelling and discussing these values and positive behaviours, in order to promote kind and compassionate care.

Our conversations with staff and the way the service operated demonstrated these values. Two staff members told us they had decided to work for the provider after seeing how caring and kind the service was when it supported their own family members. One said, "Seeing them look after my [relative], they have a big smile on their face when they've been." A second staff member said, "It's what compkey means, compassionate care, that's what we like to give all our clients.'' A third staff member said, "You see [a person using the service] happy so that makes you happy."

We spoke with a volunteer for the service. They told us they had been recruited by the provider as the provider had identified that there were occasions when people and relatives receiving the service needed a break. They told us that the provider planned to provide them as a volunteer to stay with the person receiving a service and provide care whilst the relative had a break. They said this was typical of the provider that this was not about making a profit but rather about helping people, and their relatives, with a free additional service.

Relatives and people we spoke with gave us some examples of things staff had done that demonstrated thought and care. One person told us, "Yesterday, one carer said would you like to go in your wheelchair?" It was wonderful ... it was a lovely day." They went on to explain that they usually spent a lot of their time in bed watching TV or looking out of their window. A relative told us, "[Staff] are very caring, when [name] was in hospital, they went up there and visited. They wanted to make sure [name] was okay." A second relative told us, "Every single one of them is caring, for example, before [name] gets up, they massage [name's] feet, one each side." A healthcare professional we spoke with told us how staff had supported a person they worked with. They told us how the person they had worked with had been very poorly and staff had visited in-between scheduled visits to provide emotional and practical support to the person's spouse. They said, "[Staff] pulled out all the stops."

People and relatives we spoke with felt staff were respectful, listened to them and involved them in decisions about their care. One person told us, "[Staff] just understand, they listen." Another person said, "They talk to me and things like that, yes, I think they show respect." One relative told us, "They're always

talking to [name]; they take into consideration the pain [name] is in so they're careful what they do." Another relative told us, "Staff explained what they were going to do, they're really gentle, so caring and thorough. I just can't fault them."

Staff we spoke with gave us practical examples of how the protected people's dignity, such as closing doors and curtains when supporting people with personal care. The relatives we spoke with confirmed this was the case.

People were supported to be as independent as possible. One person told us, "They encourage me to lift my legs and sit me up." A relative told us, "[Name] is very anxious and in excruciating pain. [Name] has to be hoisted everywhere and now they're getting their confidence. They encourage [name], they're so kind to them." A second relative said, "'If [name] feels they want to do something, like put their own pyjamas on, they always allow [name] to do what they can." A third relative told us how staff complete exercises with their relative to help them regain their mobility. They told us how happy they were that all staff supported the person consistently with their exercises. They said, "Hopefully, [name will] start standing and walking again, that would be brilliant." One staff member we spoke with told us how they had brought one person they worked with a stress ball to help them regain the movement in their hands.

Good

Is the service responsive?

Our findings

We looked at three people's care plans and saw these detailed people's needs and contained some detail on their preferences regarding how the support they received should be delivered. However, we saw for two people's care their care plans did not reflect the current care they were providing. We saw one person had recently started receiving a service but had no care plans in place. The registered manager told us this person had only started using the service very recently and they had undertaken their own assessment but this had not yet been written up. They said as an interim measure they had a written detailed care plan and assessment of the person's needs from the local authority. We looked at this person's record and confirmed this was in place.

The staff we spoke with confirmed that they were provided with the required information in order to provide support in a way that met people's needs and preferences. One staff member told us that changes to people's needs were well communicated. They said for example if staff noticed a change, they would inform the office, and a new care plan would be written. Another staff member told us, "Never thrown in the deep end because the information is there."

The registered manager told us they met with people and their relatives, where needed, prior to people receiving the service. They said they discussed the service and how they could meet the person's needs and preferences. Staff we spoke with told us that whenever a person was new to the service, the registered manager or care co-ordinator would meet staff with the new person to go through with staff how to meet the person's needs.

People and relatives we spoke with confirmed they were involved in the assessing and planning of the care provided. This helped ensure the care was provided in a way that met people's needs and wishes. One relative told us, "I was very involved, they came out and we went through all the usual things. They did a risk assessment I agreed or disagreed with what [name] wanted. [Name] was there, as involved as they could be." Another relative said, "'They came round a couple of times for a chat session after the first month, then they came again after 3 months." A third relative told us, "They came round and discussed everything with us." They went on to say, "They talk through with me every month, how [name is] getting on, if I need anything."

People received care that was responsive to, and that met, their individual needs and wishes. One person told us about a particular anxiety they had and how staff were sensitive to this and provided support. A relative told us, "[Staff] always offer to do more." They went on to say they and their relative liked particular types of food. They said staff would offer to do their shopping and get this particular food for them.

People and relatives we spoke with told us that they got to know the staff working in the service and they knew their individual needs and preferences. The registered manager told us that because they were a small service it meant they could make sure all the staff knew each person. They said this meant that they deliberately tried to ensure there was a wide range of staff working with people. This was so over time people could build relationships with staff and this would help ensure support was provided in line with

people's needs and preferences. All the people and relatives we spoke with, apart from one, told us this was not an issue as it helped them get to know all staff working in the service. One person said, "[I] see several different staff all the time. You get to know them all and I'm okay with that." The second person we spoke with said, "'I don't mind as long as they come. I have favourites too." A relative told us, "I think everyone has got something to offer, there's a mixture." They went on to say, "It's working not having regular ones."

People we spoke with told us that the registered manager agreed the times to visit people with them and tried to accommodate this as best they could. One person said, "Sometimes they try to change the times, if I want them changed, it all depends on how many staff they have." One relative said initially the service hadn't been able to accommodate their relative's desired specified time to visit. Their relative used the service anyway and as soon as staff could visit at the time their relative wanted this was set up.

Staff were mindful of people's social needs and if people appeared at risk of social isolation. One relative told us, "[Staff] seem genuinely interested in [name]. There is continuous dialogue, this adds to the social dimension." One member of staff told us how they might sign post people to other voluntary agencies if they felt the person was lonely or isolated. A second member of staff told us speaking to people and sharing common interests with them helped them, "Feel you are making a difference to people's lives." They gave us an example of how happy one person had been when they discussed their life history and had found they had things in common.

People and relatives told us they know how to raise concerns and complaints. One relative told us, "I've got a complaints form in the folder. I'd begin with that." Another relative said, "The manager always makes it clear to us, to let them know if there is anything." One person and a relative gave us examples of minor issues that they had raised. They told us the registered manager had acted and resolved their concerns. The person said, "[Registered manager] came out to see [their relative], they talked it all through, now it's been resolved."

We saw people were given information on the service which included how to make a complaint, this also included information on who else people could complain to if they were unhappy with their response.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were happy with the service provided and felt it was well led. One person said, "Yes, because the manager is so good, we have confidence in the carers to do what they need to." A relative told us, "Absolutely. I've no doubts at all, they have made such a difference to [name] we're very happy."

The staff we spoke with also talked positively about working in the service. One staff member, "I'm extremely happy, much happier now than I've ever been with any company." Another staff member, "I chose them because I knew they were doing a good service."

We found the service had clear values and an ethos that was clearly communicated to staff. Staff we spoke with told us how they valued working for a caring and committed company. One staff member told us how the service was about, "Putting people first in everything you do, that's why I enjoy working with them." We saw minutes from a recent team meeting where the registered manager had talked to staff about the service's values and why this was important. The registered manager told us they would visit people with staff and discuss with them examples of how the values of the service were important in shaping the support provided.

It was clear from speaking to staff that an inclusive and teamwork approach was encouraged. One staff member told us, "We are working as a family; you don't feel you are on your own." Another staff member said, "It's a lovely atmosphere." A third said, "I think we all work well together." We saw there was a system in place to ensure the registered manager and staff were regularly in touch with each other and knew what was happening in the service.

People and relatives told us communication was good and they knew what was happening in the service. One relative said, "'They ring me often. I can't believe there is anything else I need to know." Another relative told us, "I can talk to [registered manager] easily, no problems, it's like talking to [a family member]. I can text or phone whenever I need to, they always gets back to me as soon as they can." It was clear from speaking to people and relatives that the registered manager kept in touch with people and valued their opinions. One relative told us, "'They're very amenable to suggestions and ideas."

People, relatives, and staff, spoke highly of the registered manager and their leadership. One relative said, "[Registered manager] is very approachable, we see them regularly." A staff member told us, "I've got the best boss I've ever known." They went on to say how the registered manager was very kind, if staff made a mistake it was dealt with in a kind and constructive manner. Another staff member said, "[Registered manager] puts themselves out, so much support there." Staff told us that because the registered manager was very involved in the support being provided they received plenty of direction and guidance. One staff member told us how much they enjoyed and valued being able to work alongside the registered manager. This helped them know what they should be doing.

At our inspection we were unable to review all the records relating to people's care. The registered manager

told us this was because staff maintained the majority of records in the person's own homes. The registered manager told us that they audited these records when they carried out visits to people. They acknowledged that in the future as the business grew a different system would be required.

There was a lack of any formal audits on the service provided, although it was clear that the registered manager had a good oversight of the service and the quality. We discussed this with the registered manager who told us as the service was new they had spent the first eighteen months establishing and building the service. They had recently employed a member of staff to work in the office and take over some of the tasks the registered manager was currently undertaking. The registered manager said this meant they would be able to concentrate on developing the service further and building formal quality control measures and records.

We saw the service carried out yearly quality questionnaires with people and relatives receiving a service. Records we reviewed showed the registered manager had reviewed the response and identified any areas that required action.

The registered manager told us they undertook unannounced visits on staff to check on the quality of the service they were providing. They told us this would also involve talking with people and relatives receiving the service. Staff we spoke with confirmed this. One staff member told us the registered manager would often ring staff and check things were ok with the visit they had just been on. Relatives we spoke with confirmed the registered manager undertook regular visits to discuss the service and monitor the quality of the service. One relative told us, "[Registered manager] comes round fortnightly, so we have plenty of opportunity to say anything." Another relative said, "'They come round and ask if there are any problems, if there is anything they could improve." A third relative told us, "I think they do ask a lot of questions, they're always thinking about how they can do things better."