

Compare Care Limited

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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

The inspection took place on the 21 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Compare Care Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 17 people were receiving a service.

The service is owned by a provider who is also the 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.

Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. One person told us "I Feel safe, they do things correctly, very nice carers". There were enough staff employed to care for people safely and the provider had procedures in place to ensure that staff were suitable to work with people. People were supported to receive their medicines safely in line with current regulations and guidance.

Staff told us they had received training and were confident to meet people's needs. Staff were happy with the level of support they received and told us that communication with senior staff was good. One member of staff said "We have options to do training from the local authority as well. I am booked on an end of life course next week". Staff had a good understanding of the responsibilities with regard to the Mental Capacity Act 2005 (MCA).

People were supported to have enough to eat and drink. Care plans guided staff in offering people choices and monitoring people's nutrition and hydration when needed. Staff supported people to have access to health care services when they needed them. One relative told us "Staff will call and contact me if there are any problems or concerns, they are good like that". Staff told us they knew people well and recognised if they were unwell.

Staff told us they had developed positive relationships with the people they were caring for. People and relatives spoke highly of the caring nature of the staff. Their comments included, "Carers are very good, kind attentive and gentle" and "There the best, very good all of them". Staff had a firm understanding of how to protect people's privacy and maintain their dignity. People were involved in planning their care. A relative said "The care plan is used and reviewed in the year".

Care plans were personalised and detailed. They guided staff in how people wanted their care to be provided. Staff were responsive to changes in people's needs. Staff were able to support people to maintain

relationships and to follow interests, for example by accompanying people on outings. One member of staff told us that the person they cared for enjoyed going out in the car shopping or somewhere else of their choice.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by surveys which were sent to people and their relatives. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. One person told us "I had one concern and spoke to the manager, and it stopped".

Staff felt they had good communication with the registered manager and supervisor through meetings that had been held, phone calls and coming into the office. Comments from staff included "I feel supported and if I need any help, I can call up and someone is always there for me" and "Yes my manager is very good and helpful".

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.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents.

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

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

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

People were supported at mealtimes to access food and drink of their choice in their homes if required.

Is the service caring?

Good ●

The service was caring.

People and their carers told us the care staff were caring and friendly.

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

People and their carers 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 support 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 knowledgeable and aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good ●

The service was well- led

The values of the service were embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager and supervisor who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

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 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a support care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one inspector.

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 six people and four relatives over the telephone, three care staff and the field supervisor. We observed a member of staff working in the office 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 five people, medicine administration records (MAR), four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

At the last inspection on 1 February 2016 we found the service was not consistently effective and well-led. Care staff had not received full training on the requirements of the Mental Capacity Act 2005 (MCA) and although there were formal systems in place to monitor the quality of the service, these were not always

consistent and information was not consistently recorded. At this inspection we saw the provider had taken action to improve the service following our last inspection.

Is the service safe?

Our findings

People told us that they felt safe using the service. Comments from people included "I Feel safe, they do things correctly, very nice carers" and "Yes safe and they are caring towards me". A relative told us "I feel safe that my relative is in good hands".

There were skilled and experienced staff to ensure people were safe and cared for. Rotas were planned in advance and care staff were aware of their calls and received copies of their rotas. 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. A member of staff told us that they were continually recruiting staff to maintain the staffing levels. They said "We will always ensure we have enough staff to cover the calls before taking on any new clients".

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 described 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 the manager would act on their concerns. One member of staff told us "I would look out for anything out of the ordinary and record and report it to the manager". Staff were also knowledgeable 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.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example, in one care plan it described how one person used a hoist and what staff needed to be aware of and the safest way to assist the person with this equipment. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

People were supported to receive their medicines safely. People who self-administered had support by their relatives to take their medicines. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly by a senior member of staff. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The member of staff would investigate and the member of staff would be spoken with to discuss the error and invited to attend further training if required.

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. One member of staff told us "If there is any incident or accident it is recorded in the care plan and the office is informed". There were processes in place to enable the registered manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further.

Is the service effective?

Our findings

People and their relatives felt staff were trained well. People's comments included "Staff are well trained, support each other and experienced staff shadow the new ones" and "Staff are trained and know what they are doing, and would always be helpful to my needs". A relative told us "The carers are good and know what they need to do. They have training, they tell me".

At the last inspection on 1 February 2016 we found the service was not consistently effective. Training schedules confirmed staff had not received full training on the Mental Capacity Act (2005) MCA. Staff had demonstrated a good understanding of the importance of gaining consent but acknowledged they would like more training on capacity. At this inspection we saw the provider had taken action to improve the training and knowledge for staff following our last inspection.

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. Staff had knowledge and an understanding of the (MCA) because they had received full training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. Details of the MCA were also available to staff in the office.

Staff undertook a variety of training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and infection control. Staff completed most of their training on induction. One member of staff told us "We have options to do training from the local authority as well. I am booked on an end of life course next week". Staff also attended specialist training to the needs of the people they were supporting such as PEG. PEG stands for Percutaneous Endoscopic Gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth. Staff were also supported to undertake qualifications such as a diploma in health and social care. The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

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 at people's homes to observe the standard of care provided and also coming outside visit times to obtain feedback from people. The spot checks also included reviewing the care records kept at the person's home every three months to ensure they were appropriately completed and up to date. Records examined confirmed this. Staff also had an annual appraisal and regular meetings with their manager during these they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they cared

for and any training that staff would like to do. One member of staff told us "Yes we have regular meetings with my manager and an annual appraisal. We can talk about how everything is and any support I need".

People told us that they had access to relevant healthcare professionals to ensure their health and well-being. Records showed that staff had contacted people's GP or their relatives if there were concerns about a person's well-being. People told us that they were confident in the abilities of staff to be able to recognise when they were not well and contact healthcare professionals if required. One relative told us "Staff will call and contact me if there are any problems or concerns, they are good like that".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by relatives or by themselves and staff were required to ensure meals were accessible to people. One person told us "They come and help me with lunch, ready meals and I have asked them to cook me egg and bacon. They will do it for me". People's care plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. Staff told us if they had concerns about a person's nutrition or hydration they would discuss this with their manager.

Is the service caring?

Our findings

People and relatives told us they found staff to have a kind and caring nature. Comments from people included "Carers are very good, kind attentive and gentle", "There the best, very good all of them" and "Have two very lovely regular carers, so nice and helpful". A relative told us "Staff are kind and will always offer help and make sure everything is ok and let me know".

Staff had developed positive relationships with the people they were caring for and knew them well. Staff were able to describe in detail people's particular care needs, preferences and personality traits. One member of staff told us "I know the clients very well and some I have worked with for a while. It's great as you get to know their ways and what they like". A relative described the caring approach that one member of staff had. They told us "[staff member] is very lovely and so caring and kind to my relative. Very skilled in what she does and I Wouldn't change anything, lucky to have her".

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. "One person told us "[staff member] is good who runs the rota. We know if they are running late, some staff contact us and let us know". Another person told us "They turn up on time or let me know if going to be late; it's fine as long as I know". New care staff were introduced to people through shadowing an experienced member of staff. One person told us "New carers are shadowed with a member staff, which is good so they don't come in blind".

People said they could express their views and were involved in making decisions about their care and support. 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 "We have a care plan in place, staff write in the support they have given". A relative told us "The care plan is used and reviewed in the year".

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 when assisting a person in the shower. Another member of staff told us "I assist someone into the bathroom and prepare the water and flannel for them to wash themselves. I will then stand outside and give them privacy". One person told us "My privacy is respected when having personal care, they give me space".

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 "I don't want to take over, we want people to be encouraged to do things for themselves. Even if it is a little thing like preparing a sandwich".

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff received communication by text

messages and emails. Information on confidentiality was covered during staff induction and training.

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. A relative described the care provided as "Responsive when asking for changes, for hospital visits etc". Another relative said "Very amenable, could not ask for more". A person told us "Staff know what they are doing, and would always be helpful to my needs".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care plans were clear and gave descriptions of people's needs and the care, staff should give to meet these. This provided staff with the information they needed to deliver care in a person centred way. For example, one care plan identified that a person required glasses to read and staff to ensure they were accessible for the person. Another care plan detailed for staff to ensure a person wore their emergency lifeline pendant, which would enable the person to press the button if they had an emergency. Staff knew people well and had a very clear understanding of how to provide care in the way that people preferred. One member of staff told us "We get to know clients quickly and their needs and what they like". Staff were responsive to changes in people's needs. We saw that care plans and risk assessments had been updated regularly.

Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. There were two copies of a care plan, one in the office and one in the person's home. Care plans were detailed enough for a carer to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible.

Staff we spoke with told us they were able to build relationships with people and increase understanding of their needs, due to the fact that they attended the same people most of the time. They told us they were able to support people to follow their interests and to maintain relationships and contacts. Records confirmed that staff supported some people to go out. One member of staff told us that the person they cared for enjoyed going out in the car shopping or somewhere else of their choice. A relative told us "[staff member] takes my relative out once a week, lunch at a garden centre or shopping she loves it". Another relative told us "They [staff] help my relative on their cycling machine, they enjoy keeping active".

Staff told us they had enough travel time between visits to people. We spoke with the member of staff who completed the staff rotas and discussed travel time with them. They told us they ensured staff had sufficient time to travel in between calls. If they received feedback from staff on what travel times they required they would work on addressing any issues.

There was a complaints system in place and a member of staff said that any complaints would be recorded and passed to the registered manager for them to action. No complaints had been received since the last inspection. We noted that there was regular contact between staff and the relatives of people receiving care. People and relatives told us that they were confident that any issues or concerns would be addressed. One person told us "I had one concern and spoke to the manager, and it stopped". Another person told us "Any

concerns, I can call and the manager". A third person said "I have brought up an issue with the office and they listened and dealing with it".

Is the service well-led?

Our findings

On the day of the inspection the registered manager was not available. We met with the supervisor who was responsible for the service in the absence of the manager. People and relatives said how happy they were with the management of the service. Comments included "The manager, his nice and always helpful", "The manager I have spoken a few times he has been helpful", "The supervisor is excellent at what she does" and "The supervisor is marvellous and knows her stuff".

At the last inspection on 1 February 2016 we found the service was not consistently well-led. The registered manager had monitored the quality of the service by the use of checks and internal quality audits. However 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. At this inspection we saw the registered manager had taken action to improve the consistency of monitoring the quality of the service following our last inspection.

The registered manager undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included care plans, staffing and training. The results of which were analysed in order to determine trends and introduce preventative measures if required. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Feedback from people and care staff had also been sought via surveys. This was sent out to people and staff each year and results of the recent survey were mainly positive.

The atmosphere was friendly and professional and the supervisor showed a caring attitude towards the people and staff they were talking with. We observed the supervisor on the phone to people and staff arranging visits and answering queries. On one occasion a member of staff rang to inform them that they were running out of PPE (Personal Protective Equipment). The supervisor responded straight away and rang another member of staff and asked if they could deliver some to ensure the staff member had what they needed.

Staff felt they had good communication with the registered manager and supervisor through meetings that had been held, phone calls and coming into the office. This also gave them an opportunity to come up with ideas as to how best to manage issues or to share best practice with one another. Staff told us they felt part of the team and were able to go into the office whenever they wanted to. Comments from staff included "I feel supported and if I need any help, I can call up and someone is always there for me", "The help is good and I can call anytime. We had a meeting recently that was good" and "Yes my manager is very good and helpful".

The registered manager and staff worked closely with external health care professionals such as district nurses and occupational therapists when required. The supervisor told us they supported people to their appointments or arrange appointment's for them if they need it. People we spoke with confirmed this and felt supported to gain access to health professionals when required. One person told us "If I don't feel myself

then the staff will call my relative or the doctors if I need it".