

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?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Compare Care provides personal care for people in their own homes, most of whom were older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was providing personal care to 24 people.

People's experience of using this service and what we found

Care plans did not always contain detailed information about people's health conditions and staff had not always received training in these areas, for example, a care plan of a person who lived with epilepsy contained no information or guidance for staff of actions to take if the person experienced a seizure. Where risks had been identified, these had not always been considered within care or risk planning processes so they could be mitigated. Incidents had not always been managed in accordance with safeguarding practice and CQC had not always been notified of abuse, as required. Records relating to medicines were not always completed accurately.

We identified improvements which had been made to recruitment processes. People and relatives told us they felt they received a safe service from staff who knew them well. They had appreciated how the service had provided small core staff teams who worked with them regularly.

Most staff told us they received regular support from the registered manager mainly through "spot checks" when they were working with people. Staff did not always receive enough training or supervision. Staff told us about their detailed induction process which covered essential training however, there was no formal process to ensure this was kept updated.

Systems and processes did not effectively identify or manage concerns found with care planning, medicines or safeguarding this has remained in need of improvement. A registered manager was in post who was also a director of the company. People, relatives and staff were generally positive about the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 December 2019) and there were multiple breaches of regulation. The provider was required to complete an action plan after the last inspection to show what they would do and by when to improve. The provider was not able to demonstrate this had been completed.

At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 17 October 2019 breaches of legal requirements were found. The provider had not completed an action plan after the last inspection to show what they planned to do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check improvements had been made and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Compare Care Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding people from abuse and improper treatment, safe care and treatment, staffing and good governance at this inspection

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Compare Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 June 2021 and ended on 29 June 2021. We visited the office location on 24 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection -

During our visit to the office we spoke with the registered manager. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

After our visit to the office we only spoke with one person who used the service due to people's complex needs but we spoke with six relatives and six staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who had contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely: Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage medicines safely or robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Systems did not always provide assurances that people had received their medicines. Some staff had not documented when medicine had been administered. It was not always evident if people had been administered their medicines or if staff had failed to document their actions.
- Assessments of the level of support people needed with medicines did not contain adequate detail. Some people were supported with medicines by relatives at particular times of the day, this was not documented clearly.
- One relative told us how they "topped up the person's medicine dispenser twice a week", from which the staff administered the medicines to the person. This had not been considered in medicine records or risk assessments to ensure this was managed safely.
- Medicine auditing systems were not effective and had not identified the concerns with systems or recording processes. The audit had signposted the reader to the online care management system and had not identified gaps in recording or improvement opportunities.
- Risk to some people's safety had not always been identified or managed effectively. One person was living with specific health conditions which required staff to pay particular regard to moving and positioning to ensure they remained as safe as possible. Specific guidance for staff had not been detailed within the person's care plan.
- Another person's care plan had noted they were living with epilepsy. Records did not contain details of how this condition affected the person or actions to take in the event the person experienced a seizure. A relative confirmed the provider had not requested further information on this.
- The provider had not identified or assessed risks to people in the event of an emergency. Staff had not been provided with guidance on actions to take. A staff member detailed the action they would take, "if found a problem we call [relative] to deal with it, everything report to [relative] The provider had not assessed risks of relatives not being available to provide advice to staff. Records relating to care had not considered potential risk to people or provided guidance to staff on action to take in the event of an emergency.

Medicines were not managed safely. Risks to people were not always identified, assessed and mitigated.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by providing information on health conditions in care plans and informed us they would review medicine management processes. by . They provided assurance of the actions they had taken to review their systems in line with best practice and improve.

- Some improvements to care plans were evident although these had not yet been fully embedded within practice. The provider had recently implemented an online care management system and had reviewed care plan information. The system ensured staff were able to record when they had visited people, provided support to people and alerted senior staff to concerns.
- A staff member said, "You can access information on your phone, check to see what's happening and read all the information, find it to be really handy." This was an opinion shared by staff we spoke with.
- People and relatives told us people felt safe receiving support from staff. A person told us, "They are a good consistent team and they know what to do". They referred to how Compare Care Limited had provided a small team of staff who understood the person's needs well. This ensured people received consistent support.
- A relative said, "They are good, they are on time, they help with medicines, they are very friendly."
- Environmental risk assessments had been undertaken to ensure people's homes were safe and free from potential hazards.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider did not have robust procedures that made sure people were protected from the risk of harm. We received feedback from relatives and identified two concerns that had not been managed safely. Neither had been identified by the provider or reported in accordance with the provider's policy or the provider's statutory obligation to report allegations of abuse to the local authority for consideration under safeguarding guidance.
- We received information about incidents that were allegations of abuse. The registered manager/provider had been informed of concerns, however, these had not always been considered under safeguarding procedures...
- The provider had safeguarding policies and procedures in place however, had failed to act on concerns appropriately. Investigations were completed by the registered manager, however, the failure to follow safeguarding processes was a potential risk of harm to people as actions to ensure people were safe whilst investigations were carried out were not in place. We fed this back during the inspection and the provider acknowledged this failing in their processes and provided assurance that immediate action would be taken to address this
- The provider had missed opportunities for lessons to be learnt, for example the information we received had identified potential concern with staff understanding of professional boundaries when working in a person's home. Investigations were not sufficiently thorough and there was little evidence of learning from these incidents or action taken to ensure improvements had been made or learning shared with staff.
- Staff had received training in safeguarding. Staff we spoke with, were able to demonstrate an understanding of safeguarding and the importance to report incidents of potential abuse.
- The provider did not ensure that safeguarding processes operated effectively to prevent abuse. We found no evidence that people had been harmed however, the provider failed to ensure serious allegations were reported or investigated in accordance with statutory obligations in a timely manner as a result this placed people at ongoing risk of abuse. This is a breach of Regulation 13:(1) (2) (3) Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to record recruitment checks. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- The provider had a recruitment process in place to help ensure staff they recruited were suitable to work with the people they supported. Appropriate pre-employment checks were completed.
- The provider's recruitment and selection policy included details of documents to be considered as part of the recruitment process and noted, "A record is made on the application form of relevant interview comments and information obtained. From recruitment records reviewed this had not always been completed in accordance with the provider's policy. The registered manager could not provide a detailed interview record which would have demonstrated a robust recruitment process had been followed. This was mitigated by staff completing a comprehensive induction process, however remained an area in need of improvement
- The registered manager informed us they interviewed potential staff and completed their initial induction in the office. During this time the registered manager described how this was an opportunity to assess the suitability of the staff member.
- Staff we spoke with described their induction process which included training and reading policies and procedures before shadowing an experienced staff member. Staff we spoke to were happy with the amount of support they had received prior to working with people alone.
- Records showed people were supported by a regular team of care staff that knew them. Feedback from people confirmed this, one person said, "I have a nice little team at the moment" and "I can speak to the supervisor daily."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. During the COVID-19 pandemic this had been particularly important to ensure that people remained as safe as possible.
- The registered manager had acted on a concern raised by a relative regarding staff use of PPE and provided assurance this had been addressed with the staff.
- People told us, "Staff have been wearing masks" Staff confirmed the registered manager ensured they were issued with PPE.
- A staff member told us, the registered manager, "provides us with tests and everyone can register their tests". We were assured the provider was accessing COVID-19 testing in accordance with the current government guidance.
- The provider had ensured staff had access to policies and procedures to support management of infection risks and had provided training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always assessed in line with current guidance. The National Institute for Clinical Excellence (NICE) defines this as, "A needs assessment... focuses on the person's strengths, preferences, aspirations and helps people to highlight the outcomes that are important to them,... the person can identify how their needs impact on their wellbeing and ability to live an independent life, as well as on their goals and preferred outcomes." Assessments did not always contain information relating to people's needs or choices. The language used in care plans was generic and lacked the level of detail to demonstrate individual choices had been considered or recorded within care plans. The potential impact this had on people had been reduced by staff knowing people well. Staff worked with people on a regular basis and understood their needs well, this provided assurances people received support in line with their choices.
- One relative said, "Can't think of anything they would do better, I'm getting a very good service." Another told us about how Compare Care "swapped times around" to accommodate a person's needs.
- The registered manager acknowledged records did not contain detailed information and was in the process of implementing an online care management system which would be used to improve the level of information available to staff.

Staff support: induction, training, skills and experience

- Staff we spoke with had the skills and experience to support people effectively. One went on to say how they were, "Confident with every aspect of the job." Several staff told us about the training they had received with previous employers and identified this was an area Compare Care Limited needed to improve.
- Staff records had not always evidenced staff had received mandatory training or training for specific health conditions. Records reviewed did not provide assurance staff had received training in safeguarding, epilepsy, or mental health. The provider's training record had not identified this. The record detailed training staff had received this included: induction training, moving and positioning people, medicines, and the mental capacity act. The induction programme included an overview of mandatory training including safeguarding.
- Staff were able to demonstrate their awareness of safeguarding, however; we have previously reported on two occasions where concerns had not been reported in line with good practice guidance. Staffing was allocated to people in small teams as a result the staff knew people well and were able to meet specific health needs, however the lack of training in these areas increased the potential risk of people not receiving appropriate support in an emergency.
- A staff member told us, "There is no programme for updating training." This was not in accordance with good practice guidance which would include staff receiving regular refresher training.

After the inspection we spoke with the registered manager and sought assurances of their plans to address concerns about training.

- Some staff told us they had not had supervision with their line manager recently. Staff had not had opportunities to keep their knowledge and professional practice updated in line with best practice. The provider had carried out regular spot checks with staff. This provided an opportunity for the provider and the person to review the practice of the staff member. However, staff told us this had not always been an opportunity for them to discuss their personal development.
- Most staff we spoke to felt they had received adequate support and training to be able to carry out their role effectively, most went on to say that they could call the office at any time for support.
- Staff comments were varied, One staff member told us how the registered manager supported them, the staff member was "nervous at the beginning [they] boosted confidence by reading through notes and answering any questions [they'd] helped a lot." Whereas another staff member told us about the challenges they had experienced, "I know we can contact [the registered manager] on the phone, the conversations can be very swift."
- The registered manager told us how they spoke with most staff regularly and this could be whilst they were delivering PPE supplies or providing support with transport to customers' homes. This provided assurance staff benefitted from regular contact however, there were no records of these informal conversations.
- Feedback from people and relatives has been consistently positive about the skills of staff. A person said, "The staff know what to do" and a relative told us, "Staff are well trained all seem to know what to do, they don't ask me questions."
- New staff completed an induction which included meeting with the registered manager to read through policies and procedures. They completed some training and received a period of shadowing an experienced staff member.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives did not raise concerns about how they were supported to lead healthier lives. Staff worked alongside relatives and ensured people accessed support in an effective timely way. One staff member described the actions they took following a person being injured following a fall. This provided assurance the person received medical support in a timely manner.
- Staff supported people to access health care professionals when this was an agreed part of their care.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People and their relatives confirmed staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles.
- People were encouraged to express their wishes and preferences, and the service adapted their approach

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care and working in partnership with others

- The provider's auditing system had not identified concerns with care plans or mitigated potential risks. The provider had recently implemented an online care management system and was in the process of embedding this within the service. This had not always been updated in a person-centred manner and the information was generic and lacked detail. Some health conditions had been identified in the care plan however there was no further information to provide guidance to staff on action to take in the event of an emergency or further information to mitigate the risk to the person. Staff told us they would speak to the person's relative in the event of an emergency. The registered manager had failed to take account of the risk if relatives were not available to provide the information and the potential impact on the person.
- Medicine management systems had not identified where risk assessments had not been completed or contained insufficient detail. A "medication risk assessment" considered the level of support a person needed to administer medicines. One noted a person needing prompting, there was no further information to detail what prompting meant for the person or consideration of actions to take should the person decide not to take the medicine. Another person was noted as needing staff support with medicines however, there was no assessment providing the details. The lack of guidance for staff increased the potential risk people not always being supported with medicines safely.
- The provider's medicine audit was not robust and had failed to identify or manage recording errors made by staff and as a result could not evidence whether medicine had been administered or identified opportunities for staff development or learning to drive improvements.
- Systems and processes to protect people from the risk of abuse and harm did not always operate effectively. The registered manager had not always managed incidents in line with safeguarding guidance.
- The provider did not always promote an open, empowering culture. Some staff lacked opportunities to feedback on their experiences or offer improvement suggestions. Telephone calls with the registered manager had been described as "very brief" on occasions. This suggested staff voices may not have always been heard as a result increased the risk staff may be reluctant to share information in the future.
- The registered manager provided details of how they worked with health professionals. We sought feedback from health professionals, as part of our inspection process and the response we received reflected concerns with the lack of formal processes Compare Care Limited had in place.
- The provider did not have quality monitoring systems in place to monitor staff practice that would have identified the need for training in specific health conditions. Compare Care Limited did not always provide staff with the training to support people safely. The service relied on the knowledge the staff team shared

and support from relatives.

- We fed back our concerns about the lack of robust systems to effectively monitor the quality of the support people received. The provider acknowledged the concerns and provided assurance of improvements they had planned. This included further development of the online care management system.

The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was led by a registered manager who was also a director of the company. People, relatives and staff were mostly positive about the leadership of the service.
- A staff member said, "The registered manager is the most supportive boss I've had [they are] a genuine, open person, I like the fact that it's a small company, I can build more of a bond with people."
- Some relatives and staff commented on how it could be difficult to contact the registered manager at times and this had impacted on their experiences.
- The registered manager told us how they completed some support calls and as a result were not always able to respond immediately.
- The registered manager understood their responsibility under the duty of candour and was able to demonstrate when they had acted in accordance with this. The provider had failed to notify us of specific events which they are statutorily required to do so. This matter is being reviewed outside of this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out annual surveys with people and staff to gain an understanding of how well people and staff felt the service was performing. The registered manager was not able to demonstrate how the results from this had impacted on improvements made to the service.
- The registered manager had regular contact with people and staff on a day to day basis and therefore provided informal feedback opportunities. A staff member was positive about how they had been supported by the registered manager who had considered their personal needs and requirements in line with equality legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure systems to protect service users from abuse or improper treatment operated effectively to investigate any allegation of abuse</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1)(2)(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>12(1)(2)(a)(b) The provider had failed to provide care and treatment in a safe way by not always identifying, assessing or mitigating health and safety risks to people.</p> <p>12(g)The provider had failed to ensure systems effectively managed medicines safely</p>

The enforcement action we took:

Provider has been issued with a Warning Notice to be compliant with this regulation by 29 September 2021

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17, section (1) (2), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider had failed to have effective systems or processes in place to ensure oversight of the service. Systems relied upon were not effective in identifying risks to people with regards to health and welfare.</p>

The enforcement action we took:

The provider has been issued with a Warning Notice to be compliant with this regulation by 29 September 2021