

Compassion Care Limited

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Inspection report

Cotgrave Futures
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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

About the service

Compassion Care is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Cotgrave and surrounding areas. At the time of the inspection visit there were 21 people using the service. The service is owned by two people one of who is the nominated individual and one who is the registered manager. We have referred to them throughout this report as the registered persons.

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.

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

People told us they received a high-quality service which exceeded their expectations. They used words such as excellent, superb and fantastic to describe the support they received and told us that they considered the staff as their friends. They received care from a small number of staff who knew their needs well. People were confident that staff would turn up on time and rotas supported staff to keep to their planned schedule. Staff training and ongoing support was in place. The registered persons and staff went the extra mile in ensuring that people were safe and well cared for, identifying alternative care and equipment to suit people's individual needs.

Staff supported and helped to maintain people's relationship with their family members and the local community. Staff were aware of the activities people liked to do and ensured they had everything they needed at each care visit.

People had been fully involved in planning their care and care plans reflected people's needs and were kept up to date. Risks were fully identified and care was planned to keep people safe. Relatives were confident that the provider had arranged for any equipment needed to minimise risks. Medicines were safely managed and monitored, and staff worked to minimise the risk of infection.

People received compassionate care at the end of their lives and staff worked collaboratively with palliative care professionals to support people's needs. Appropriate medicines were arranged to keep people pain free at this time.

Staff had received training in keeping people safe and relatives told us of how vigilant staff were around people's safety and how supportive they had been when there were any concerns.

Staff monitored people's health and raised concerns with healthcare professionals appropriately. They worked collaboratively with health and social care professionals to improve the quality of people's lives.

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.

Effective monitoring of the care provided was in place. Accidents and complaints were investigated and effective action taken to keep people safe. The registered persons put people using the service and staff wellbeing at the heart of the service. They continued to develop the service to improve the care provided to people.

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

Rating at last inspection

The last rating for this service was Good (published 08 March 2016). At this inspection we found the provider had maintained the rating of good.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Compassion 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

This inspection was carried out by a single 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

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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We contact a healthcare professional who provided care for some people using the service. We spoke with three members of staff, the nominated individual, registered manager, and a care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two 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.

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 Good. At this inspection this key question has now remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received training and were aware of what could be classed as abuse and what signs a person may give to indicate they needed outside support to manage a potential safeguarding situation. Staff were clear that they would raise concerns with the registered persons if needed.
- People using the service felt safe with the staff and would be confident to raise any worries with the registered persons. One person said, "I feel safe with them and if I had any concerns I would contact the manager." Relatives told us about some issues which had arisen, not related to the care provided and how supportive the registered person and staff had been. One relative said, "They have been superb, there has been lots of [issues] and they have been excellent. They are spot on at getting in touch with any concerns... they are very on the ball."
- Concerns had been shared with the local authority safeguarding team and the registered persons had worked with the safeguarding team to put measures in place to protect people.

Assessing risk, safety monitoring and management

- Risks were safely managed to keep people safe.
- Care plans identified risks to people while receiving care and provided the information staff needed to ensure the care was safe and met the person's needs. For example, where needed equipment was put in place to protect people's skin.
- Records showed all staff involved with the person's care was trained in the safe use of the equipment. In addition, care plans recorded any specific instructions staff needed to be aware of. For example, we saw one care plan noted that a person should be correctly positioned when in their bed.
- Concerns about any risks had been raised with appropriate healthcare professionals and advice about how to provide care or additional equipment needed was acted upon to keep the person safe.
- When needed the registered persons contacted the local authority or relatives to discuss the concerns and any actions needed to keep the person safe. For example, we saw that the registered persons had raised some concerns about a person's environment with a relative and action was taken to keep the person safe.
- A relative told us, "When she was poorly the [registered persons] organised loads of equipment to come, I don't have to do very much."

Staffing and recruitment

- There were enough staff to meet people's needs and rotas ensured that people received their care at the time they preferred. One person told us, "They do keep to their times and if held up I will get a phone call to let me know."

- Staff confirmed that the rota ensured that there was time to provide care in a calm manner and to travel between care calls.
- The registered persons explained how they considered the location and needs of a person who wanted to receive care and would only agree to provide care if it would not impact on the needs of people they already provided care for.
- There were systems in place to check that staff employed at the service were safe to work with the people receiving care.

Using medicines safely

- Medicines were safely managed.
- People received varying levels of support with their medicines. For example, some people would just need to be reminded, while others would need staff to take the medicine out of the package for them. Care plans clearly recorded the level of support people needed in relation to their medicines.
- Where there were any concerns about people's medicines the registered persons would raise them with either the GP or the pharmacist.
- People told us that they had no concerns over how staff supported them with their medicines.

Preventing and controlling infection

- People were protected from the risk of infection.
- Records showed that staff had received training in working to minimise the risk of infection.
- People told us that the staff would wear protective equipment when providing care. They confirmed that staff would always leave the person's home clean and tidy/

Learning lessons when things go wrong

- Any health or safety incidents were recorded and reviewed by the registered persons. Action was taken to reduce the risk of the incident reoccurring.
- Learning from incidents was reviewed with staff in supervision meeting and any changes in the person's care needs were discussed with staff before the next care call was completed.

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 Good. At this inspection this key question has remained the same Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us that they had received a thorough assessment when they started to use the service. One person said, "[The registered persons] came around and asked me loads of questions."
- People's care plans we looked at were reflective of nationally recognised care guidance and regularly reviewed with them. This included routine reviews or following any changes in people's health condition. For example, in relation to people's support with their skin care.
- The registered persons had plans in place to use a computer system to support them to provide safe care for people. The system would include people's care plans and recording of medicines. In addition, staff caring for people will be able to share concerns or changes in care needs with colleagues immediately.
- The registered persons had spoken to people using the service and their relatives about the planned changes and the positive impact it will have on the care provided. With the person's permission, relatives will be able to access the system and be able to see when their relative has received their care call.

Staff support: induction, training, skills and experience

- New staff received an induction to the service which included reviewing the provider's policies and procedures. In addition, they were given a Skills for Care handbook, a personal alarm and a first aid kit to keep in their car.
- As part of the induction new staff shadowed an experienced member of staff to gain practical skills and learn about the needs of people they would be caring for. A person using the service told us, "Sometimes new staff who may be going to care for me will shadow so they know my needs, so I never get one who has not been trained."
- Staff also confirmed that they would shadow a colleague if they would be providing care for a person they had never worked with before.
- Staff received ongoing training and support to ensure their skills were refreshed and were in line with any new guidance or changes in best practice.
- However, records showed that there were some gaps in some of the staff's training. We raise this with the registered persons who had already identified the concerns and had plans in place to ensure all staff were fully trained.
- Staff received regular supervisions and the registered persons also completed spot checks on staff to ensure they kept to their call times and worked in line with the provider's policies while they were out supporting people.

Supporting people to eat and drink enough to maintain a balanced diet

- People's ability to eat and drink safely were assessed and where staff had any concerns about people they were referred for an assessment by a healthcare professional.
- People and their relatives told us that they were happy with the care provided around food and drink. They explained that people's independence was respected and their wishes around food and drink were respected. One relative told us, "They do all the shopping and get the meals ready for her." Another relative said, "If she wants to cook they will support her or if she asked them to do it then they will."
- Care plans recorded people's individual needs around food and drink. For example, one care plan noted that the person would need more prompting and support if they were sleepy. Another care plan noted that the person would eat better if there a sauce on the food.
- Where people were at risk of being unable to maintain a healthy weight, accurate records were kept about the amount they were eating and drinking. Concerns had been raised appropriately with healthcare professionals and where necessary calorie rich supplements were prescribed.

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

- Everyone told us they were confident that the staff would identify when people were not well and would raise concerns with the GP or district nurse. One relative told us, "When she is not well they will call for the Doctor or the district nurse. If they staff go and visit her and they are not happy they will call [the registered persons] for advice." Another relative told us, "They are good at picking up when [name] is not well and they will talk to the doctors... Any concerns about [Name's] health that you raise with them, they sort out."
- Relatives told us how they were confident that staff would follow any instructions left by healthcare professionals. One relative told us, "They will do exactly what they are asked" and told us of the support that was given following an operation."
- A healthcare professional told us that the registered persons and staff were responsive to suggestions and good at implementing turning regimes to relieve skin pressure and will take all advice on board. In addition, they felt staff were good at identifying and reporting concerns, and helpful going the extra mile at joint visits.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- People's care plans recorded people's abilities to make decisions for themselves, who they wanted involved in their care and any legal arrangements in place to allow family or friends to make decision on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone told us that the care they received was outstanding. People using the service commented, "Smashing is the exact word I would use. They are fantastic. They are caring and do everything you want. I wouldn't want anyone else," "You can have a laugh and a joke with them, I recommend them to everyone," "They are very nice they are like friends." A healthcare professional told us, "I'm not exaggerating they are the best care agency I have worked with in over 30 years. They do care."
- The registered persons and staff took time to get to know people's needs and did things which made a big difference to people's lives. For example, they purchased some dry shampoo caps for a person who was afraid of water, this enabled the person to have clean hair without becoming stressed. They were also used for a person at the end of their lives, helping them maintain their dignity while being very poorly. For another person they had arranged for a more comfortable system to manage their catheter. This had improved the person's skin condition on their legs.
- The registered persons supported people and their families as their abilities declined. For example, one person had lost the ability to sign their name and this had affected their access to their finances. The registered persons had raised this with the person's family and had supported them through the legal process needed for another person to manage the finances. This had been ongoing for five months during which time the provider had not been paid but had continued to support the person with multiple visits each day.

Supporting people to express their views and be involved in making decisions about their care

- Records showed and staff told us how they supported people to be involved in their own care. For example, records showed how a person's hospital and GP appointment were written on their calendar so they knew when they were going.
- Relatives told us how people's individual preferences were identified and respected. One relative told us, "[Name] has a routine, when they get a new carer they will go through their care with them and it's all written down."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff treated people with respect and respected their privacy. For example, when care staff could let themselves into the house, they always let the person know they were coming in. A relative said, "They always open the door and then shout quite loudly so she knows they are there. If she is

not in the lounge they will shout again and go and find her."

- Relatives also told us how staff supported people to complete tasks which were important to them and helped them show their families that they cared. One relative told us, "They do lots of extras. For example, they recently got some birthday cards for [name] and will do little bits of shopping. When it was my birthday they went shopping for [name]." The relative told us how much they had appreciated receiving a present from their family member.
- Staff also ensured that people's homes were maintained to a high standard. For example, staff had raised a concern with the family when a person's vacuum cleaner was not working properly. In addition, they also raised when they felt that a person's duvet no longer promoted their dignity and the family arranged for a new duvet and other linens to be replaced.
- One person had raised concerns how seeing their garden unkempt was upsetting as they had spent lots of time working in the garden when they were able. The registered persons arranged for gardener to visit regularly so that the person could be proud of and enjoy their garden.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care plans were in place which identified people's needs and were regularly updated. Staff told us that the care plans contained all the information needed to provide safe care.
- People had been fully involved in planning their care. One person told us, "We have been through the care plans and are happy with them." Another person said, "They leave the file so I could read it if I wanted."
- Everyone was positive about the care they received and how they felt it met their individual needs. One relative told us how the care provided relieved them from a lot of stress and worry as they knew they could rely on them to notice if anything was amiss. They told us, "I don't worry because they are there and they notice anything and raise concerns. They will contact the family and the GP if needed." A person using the service said, "I can't fault them, I know my needs are not great, but they really are very good and so cheerful."
- Relatives were confident that their relatives were safe and that all care and attention needed was given. One relative told us "When she was poorly they stayed the night with her as they didn't want to leave her on her own."
- People received support from a regular group of staff who knew their needs well. One relative told us, "You get the same staff who come. The continuity is good and they know [name]." Another person told us, "Continuity is good, I have three regular carers."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. One relative told us, "Staff help to keep communication open and when they are there they will ring and put [name] on the phone so that we can talk." Where people were unable to maintain relationships care plans noted that it was

important that staff advise of what is happening in the village, so they did not feel socially isolated.

- People were also supported to maintain social activities and routines that were important to them. The registered persons told us how they had helped one person to get in touch with their church when they were unwell. The church had arranged for their friends to visit and to support them to attend services. This had improved the person's well-being. An email from one person's social worker noted that thanks to the care provided the person had improved from being anxious to visiting friends and going to the library.
- People's hobbies and likes were recorded. Where people liked to watch the television care plans noted which were their favourite programmes so that staff could ensure they were able to watch them. A relative told us, ""[Name] is in bed and likes to watch television so they leave it on for them and make sure that their phone is within reach and they have a buzzer as well to call for help if needed."

End of life care and support

- Care plans had been developed with people when they were approaching the end of their lives and when they felt ready to make decisions about the care they wanted.
- The provider worked collaboratively with other agencies to provide people with a dignified death. They ensured that anticipatory medicines were available so people could remain pain free without needing to wait for a GP visit. If required staff could sit with the person to support them and their families.
- A relative told us that the care they received when their family member passed exceeded their expectations. Staff had arrived for a scheduled visit just after the person passed and offered to wash and lay them out to maintain their dignity. The registered persons had also visited to pay their respects and to provide support for the remaining family members.

Improving care quality in response to complaints or concerns

- People received information on how to make a complaint when they first started using the service. People told us that they were confident that any concerns raised would be dealt with.
- One complaint had been received by the service and records showed that appropriate action had been taken. The person who made the complaint told us, "I like to be early on Mondays and they were getting earlier and earlier. My daughter sent them an email about it and they have been perfect ever since."

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 Good. At this inspection this key question has remained the same Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that they felt management led the service well and there was a registered manager for the service. People we spoke with all knew the registered persons by name and knew they could contact them and were confident any concerns would be resolved.
- The culture at the service was person centred and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions.
- Everyone we spoke with had positive things to say about their care they received. Comments included, "You can't fault them in any way, shape or form, they are absolutely brilliant," "The staff are very good, they are on time, polite and helpful," "I did know about them before I used them, they have a good reputation and I've never heard anyone complain about them." Another person said several times that the registered persons and staff were excellent, did far more than was expected and were in another class compared to other care agencies.
- The registered persons took into account the needs and lives of staff when planning the workload. Ensuring staff only worked the hours they wanted. Recently a member of staff highlighted that they were struggling to better their life as being on a zero hours contract limited their financial options. The registered persons told us how the health and well-being of their staff were important and so they were moving to a guaranteed hours contract.

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

- People told us and records showed that the registered persons had kept people and their relatives informed about any incidents which had happened. They worked with families and people using the service to provide care which kept people safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective audits in place to monitor the quality and safety of the care provided. The registered persons ensured that when any concerns were found action was taken to make improvements.
- The registered persons had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the service. The registered manager had notified us about events which

happened in the home.

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

- There had not been a survey to gather the views of people using the service. However, everyone we spoke with had regular contact with the registered persons and were able to input into the care they received.
- There were regular staff meetings and staff also visited the office once a week where they were able to speak with the registered persons. Staff were confident that action was taken when they raised a concern as they received feedback from the registered persons of the action taken.
- The registered persons ensured they passed on positive praise when it was received. For example, a person receiving end of life care had a pressure sore which due to the care provided was starting to heal. The registered persons told us, "We will get staff to come in and ensure they are aware of how proud we are of them."

Continuous learning and improving care

- The registered persons kept themselves up to date with change in best practice by reviewing CQC guidance and by sourcing training from a company who responded to changes in legislation.
- However, they had recognised that more could be done to keep the service moving forwards and so had employed a business consultant to help them make positive changes. They had a strategy in place for 2019/20 and an action plan in place to support the delivery of the strategy.

Working in partnership with others

- The registered persons had developed partnership working with external agencies such as local doctors and specialist healthcare services. This enabled people to access the right support when they needed it.