Care With Compassion Limited

Care With Compassion

Inspection report

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20 May 2019

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Care With Compassion is a domiciliary care service that was providing personal care to eight people at the time of the inspection.

Care With Compassion is registered to provide care to younger adults, older people and people with dementia, physical disability, sensory impairment and learning disabilities or autistic spectrum disorder.

People's experience of using this service:

The registered manager did not clearly understand their role in relation to the completion of mental capacity assessments and best interest decisions for people that lack capacity. However, we found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The strength of each medicine was not recorded on the administration page of the medicines administration record (MAR) which put people at risk of receiving the wrong medicine dosage. We made a recommendation for the service to review all MAR records and add the strength of medicines on the administration page.

The service had not sought pharmacy advice when administering medicines hidden in food. This meant staff may not understand how giving medicines with food may affect how the body absorbs the medicine.

Staff received training prior to giving people their medicines and people received their medicines on time.

The registered manager had a good overview of the service and was in regular contact with people receiving care and their relatives.

The service displayed CQC's rating of performance at their business location and on their website.

People were supported by staff that were kind and caring, their privacy and dignity was respected.

People were supported by staff that had been safely recruited and had adequate training to meet their needs.

Risks associated with people falling and moving around their home environment had been identified and care plans were reviewed regularly and updated as and when people's needs changed. Staff understood risks associated with people's healthcare conditions.

People were supported to eat and drink enough. Their choices were respected, and they were in control of their care.

People's independence was promoted, and they received individualised support from staff that knew them well.

Concerns were promptly responded to and people knew the management team by name.

The service met the characteristics for a rating of 'requires improvement'' in two of the five key questions we inspected and a rating of 'good' in three. Therefore, our overall rating for the service after this inspection was 'requires improvement'.

Rating at last inspection: Good (Report published 18 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

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 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 not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Care With Compassion

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Care With Compassion is a domiciliary care service. It provides personal care to people living in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, eight people were receiving personal care.

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:
The inspection was announced.

Inspection site visit activity started on 16 May and ended on 20 May 2019. We visited the office location on 16 May to see the manager and office staff; and to review care records and policies and procedures. We spoke with staff and relatives on the phone on the 17 May 2019 and made further calls to relatives on the 20 May 2019.

What we did:
The provider completed a Provider Information Return (PIR). 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.

We reviewed information we had received about the service. This included details about incidents the service must notify us about, such as abuse. We sought feedback from the local authority, professionals working with the service and the clinical commissioning group (CCG). We used this information to plan our inspection.

People in receipt of care were unable to speak with us on the phone. During this inspection we spoke with the relatives of four people who received personal care. We spoke with the registered manager, office manager, a team leader and three members of care staff.

We reviewed four people's care records and other documents relating to the management of the service such as policies, compliments, and feedback from professionals.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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:
• Pharmacy advice had not been sought for one person that needed to take their medicines hidden in food. This meant staff were not aware whether there were any foods or drinks that could not be given with the medicines people were prescribed. The registered manager told us, following the inspection they would seek pharmacy advice.
• Medicines administration records (MAR) were clearly written. However, we found the strength of each medicine was not recorded on the administration page, only the medicine name and quantity. For example, two paracetamols. This meant staff people were at risk of receiving the wrong dosage of medicine. We recommend the provider review all MAR records and add the dosage of each medicine to the administration page.
• Medicines systems were organised, and people received their medicines on time. One relative told us, "There have never been any issues with the medicines."
• Staff did not give people medicines until they had been assessed as competent to do so. One staff member told us, "We [staff] have medicines training. We know what sort of medicines people are having so when we [administer medicines] we check the [medicines administration record] to get the right medicine."

Assessing risk, safety monitoring and management:
• Risk assessments for falls; and moving around the home safely were completed and updated as required. People, relatives and staff told us they notified the management team if there was a change in their health condition and risk assessments were updated.
• Staff were aware of risks associated with people's health and wellbeing.
• People's care plans for the use of equipment to assist them to move safely included photographs of equipment to assist staff. A staff member told us, "I found the photo's helpful…When I first started I didn't know what a Rotastand (moving and handling equipment) was…there was a photo in the care plan."

Staffing and recruitment:
• There were enough staff employed to meet people's needs. A staff member told us, "Rota's don't really change unless there is an emergency. We [staff] know what we are doing and can let people know whether we are there the next day."
• People told us they had not experienced any missed visits. A staff member told us, "We ring the office if we are running late and they ring [person or relative]." Relatives confirmed this was normal practice and staff were rarely late for their visits. One relative told us, "They [staff] are always on time."
• Should staff be unable to attend work at short notice, contingency plans were in place to ensure people received the care they required from people they knew. This included receiving care and support from the management team.

• Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking an enhanced disclosure and barring service (DBS) check and references from previous employers.

Systems and processes to safeguard people from the risk of abuse:
• Relatives told us they felt their family members received safe care. One relative told us, "[Name] feels safe with the staff, I rely on them too." Another relative told us, "I know [Name] feels comfortable in their care… They [staff] tell [Name] what's happening."
• Safeguarding systems and processes were in place and embedded in practice. Staff knew how to recognise abuse and protect people from the risk of abuse.
• The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There had not been a need to raise any concerns with the local authority.
• A whistleblowing policy was in place. One staff member told us, "All staff are aware of the whistleblowing policy." Staff felt confident concerns would be addressed if they were raised with the management team.
• The registered manager acted as an emergency contact with lifeline, for people that did not have relatives locally or when relatives were away on holiday and attended to assist people if needed. Lifeline is a 24-hour monitoring service that enables people to call for support if they need it.

Preventing and controlling infection:
• Staff had a good knowledge of infection control requirements.
• Staff told us they had access to personal protective equipment (PPE) such as gloves and aprons. Relatives confirmed this was used appropriately.

Learning lessons when things go wrong:
• There had been no accidents since the last inspection. The registered manager told us, accidents and incidents would be documented in the daily notes by staff and reported to the office. An investigation would then be undertaken to identify any learning.

Good

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no restrictions on people's liberty.
• A mental capacity assessment and best interest assessment had not been completed for a person that did not have capacity to make decisions about their care and treatment. The registered manager told us, following the inspection they were completing these.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One relative told us, "They [staff] offer choices, such as what to wear." Another relative told us, "They offer [Name] a choice of food from a menu."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's needs were assessed before receiving care from Care With Compassion, an interim care plan was put in place and added to as staff got to know people's needs.
• People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences. One relative told us, "[Registered manager] listens to what [Name] wants. [Name] doesn't want different carers, so has the same two all the time."

Staff support: induction, training, skills and experience:
• An induction process was in place for new staff. This included shadowing more experienced members of staff until competent.
• All staff accessed training the provider deemed as mandatory. Training was refreshed as needed. A relative told us, "They [staff] seem to be all very well trained and look after [Name of relative] very well." A staff member told us, "The training is enough, we are always doing some sort of training."
• Staff told us they felt supported by the management team and could approach them at any time should they need support. Records showed spot checks to review staff's practice were undertaken regularly.

Supporting people to eat and drink enough to maintain a balanced diet:
• People's care plans reflected the support they needed to eat and drink enough.

• Records showed the service had liaised with health professionals for advice regarding people's dietary needs and this was reflected in people's care plans. For example, the speech and language therapist advised how one person's fluids needed to be thickened to reduce the risk of them choking. One staff member told us, "Certain people have thickener in their drinks. It is in the care plan how much thickener they have and on the MAR chart. This tells you how many scoops they have."
• At each visit care staff checked whether people had enough food and drink available.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
• Staff knew people well and recognised when people needed healthcare support. The management team co-ordinated appointments with professionals such as the GP, and district nurses. One staff member told us, "We [staff] keep in contact with the office all the time, if there are any changes and people are unwell, we let [management team] know and they are on the ball straight away with the GP."
• Where possible the management team attended home visits by health professionals such as district nurses, occupational therapists, dieticians and physiotherapists. This enabled them to promptly communicate any changes in care needs to the staff team and to update risk assessments and care plans.
• Regular reviews were undertaken with commissioning authorities to ensure Care with Compassion continued to meet people's needs.

Good

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.

Good: 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:
• Staff were kind and caring. A relative told us, "[Name of relative] asks lots of questions… a thousand times. They [staff] have a lot of patience." We saw a compliment from a relative that said, "I just wanted to say thank you for your kindness and support to [Name of relative] and me over the last few weeks…It was much appreciated and will not be forgotten."
• Relatives gave positive feedback about staff's approach. One relative told us, "They [staff] absolutely love [Name]…They chat together and know if [Name] is feeling down…they keep an eye on [Name].
• People and staff had developed caring relationships together and enjoyed each other's company. One relative told us, "They [staff] always listen to [Name of relative] and [Name] loves the carers, they have built up a good rapport." A staff member told us, "I just love the [people] to bits. I genuinely care for each and every one of them."
• There were many examples of staff going the extra mile. For example, cleaning people's home, shopping for essentials, fetching a newspaper and staying with people if unwell. A relative told us, "It's the silly things like if [Name] wants a magazine or a card for a relative, they [staff] will go and get them… they do little extra things all the time that make a difference."
• Every Friday staff collected people's fish and chip order and personally delivered them to their homes, so they could enjoy traditionally cooked fish and chips. Relatives told us their family members looked forward to this.
• Relatives and staff told us the manager cared for people and staff alike and went out of their way to ensure people felt valued. The management team arranged for people's houses to be decorated at Christmas if they had no one else to support with this and ensured staff supported people to maintain a clean and tidy home of which they were proud of. A staff member told us, "I always clean so it's spotless, and people think it's nice and clean and tidy in here [person's home]. That's what you would want for your own [relative]."
• One person was unable to travel to a funeral for a family member. The registered manager arranged for the person to be part of the funeral via a video call. A relative told us, "[Registered manager] allowed the main carer to stay with [Name] all day, and [Registered manager] turned up with an [electronic device] and they watched the funeral so [Name] could be part of it. I thought this was over and above."
• Staff enjoyed their jobs. One staff member said, "This job is meaningful because I feel proud and happy knowing I can make vulnerable people's life's easier for them."
• Staff were committed to ensuring people's equality and diversity needs were met and treated everyone equally.

Supporting people to express their views and be involved in making decisions about their care:
• People and their relatives were fully involved in making decisions about their care. Relatives told staff did not do anything without people's permission.

• People receiving care from Care With Compassion did not require the support of someone to help them speak up about their care. The registered manager told us they would seek support if required.

Respecting and promoting people's privacy, dignity and independence:
• People's privacy and dignity was respected. Each person's care plan prompted staff to preserve people's dignity. One person's care plan advised, 'Give me privacy if I need to use the commode.' One staff member told us, "When we have new starters [staff], I always explain to them about shutting doors, making sure curtains closed, and people are covered with a towel during personal care." Relatives confirmed people's privacy and dignity was respected.
• Staff respected people's homes. One person requested staff wear shoe protectors to protect their flooring, this was actioned by the service.
• People were empowered to be independent. One person had recently returned home from hospital and initially needed specialist equipment for moving and handling. Staff had worked with the person to develop their confidence and independence, consequently their reliance on equipment has reduced. One staff member told us, "We try to get [people] to walk as much as possible, to give them independence… we like to encourage that."
• Staff recognised the importance of confidentiality, staff told us they did not talk to each other about their work in people's home.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Care plans had been regularly reviewed as people's needs changed. One relative told us, "It [care plan] gets tweaked time to time as [Name's] needs change."
• People received support from a small and consistent team of care staff. This meant people and staff had built positive relationships together and people knew who would be attending to support them.
• Care plans contained enough information for staff. One relative told us, "If there is a new [staff] there's enough information in the care plan."
• People told us care was not rushed and staff met all their needs. One relative told us, "They [staff] do everything really well. They are very careful when moving [Name] and feeding [Name.] … Overall their [care staff] standard is very high."
• Staff took pride in supporting people with their appearance. One person's care plan prompted staff to dry and style their hair and assist with putting face cream on. Staff told us they enjoyed taking time to support people with styling hair, applying makeup and perfume and painting their nails. One staff member told us, "Putting on perfume and having a chat with people… that's what makes people's day. We [staff] will stay an extra 10 minutes to make sure people's hair is styled correctly or they are dressed the way they want to be dressed."
• People's care plans reflected their individual needs. They detailed people's preferences, routines and how staff could best support them. One person's care plan included a photograph of how they liked their trolley setting up before care staff left their home. This enabled the person to have everything they needed within reach such as their television remote control, tissues, their glasses and a drink.
• The service was responsive to people's changing needs. For example, during our inspection a relative requested additional support at short notice so they could attend a social event. This was co-ordinated by the management team. A relative told us at times their relative needed personal care between scheduled call times and that the management team would always arrange for a member of care staff to attend rather than waiting for the next visit.
• People's care plans were person centred, as was the care delivery. People were in control of how their care was provided and staff respected people's wishes.
• Staff knew people's hobbies and interests and spoke with people about these. For example, one person enjoyed dancing. Staff talked with them about their shared common interest of a dancing television programme and shared a dance together.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. One person's care plan advised they had a hearing difficulty and at times needed information writing down for them.

Improving care quality in response to complaints or concerns:

• The service had a policy and procedure in place to manage complaints. They had not received any complaints.
• People had access to information in their home advising them how to make a complaint. One relative told us, "I have no complaints." Another relative told us, "I have a very good relationship with [Registered manager]. If I've got If I've got any concerns I will call [Registered manager] and they will sort it."

End of life care and support:
• At the time of the inspection, Care With Compassion were not providing care to people at the end of their life. The registered manager told us, Care With Compassion would support people to remain at home at the end of their life should this be their preference.

Requires Improvement

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Systems and processes failed to identify the administration page of the MAR did not include the strength of the medicine, or that pharmacy advice had not been sought for medicines administered in food.
• The registered manager had not identified it was the services responsibility to undertake mental capacity assessments and best interest decisions for care and treatment. They told us previously these had been undertaken by the local authority. Following our inspection; the registered manager obtained templates for Mental capacity assessments and best interest decisions and advised these would be promptly completed for a person that lacked capacity. The completion of MCA assessments and best interest decisions needed to be embedded in practice.
• The registered manager understood the regulatory requirements. It is a legal requirement for the service to display the CQC's rating of performance at the place of business and on the provider's own website. We found that the rating was displayed on the providers website and at the office location.
• The registered manager had a good oversight of the quality of the service as they were involved in all aspects of the service and regularly delivering care. They recognised that robust quality assurance systems and processes needed to be developed as the business grew. This included auditing areas such as accidents and incidents, care records, safeguarding, training, supervision and recruitment files.
• The management team undertook regular spot checks on staff's performance and arranged additional supervisions if any issues needed to be addressed regarding the quality of care provided.
• Staff felt well supported by the registered manager. A staff member told us, "[Registered manager] is very supportive, I cannot fault them. They are a fantastic person… good to work with and funny… the best boss I've ever had. [Registered manager] really cares for everyone and cheers them up."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The staff team were in regular contact with the management team and saw each other regularly during their day to day work. This gave them the opportunity to discuss best practice and provide feedback to the management team.
• People and relatives knew the management team by name and were in regular contact with them to provide feedback regarding the service. The registered manager told us should the business grow they would implement surveys to collate feedback to drive improvements.
• The registered manager told us they would ensure people's cultural requirements were met and respected by staff. They gave an example of ensuring one person's care plan reflected their preferences for personal care in line with their religious beliefs and told us they always check people's dietary requirements to make

sure they are met. Such as a vegetarian diet.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• People received person-centred care that took into consideration their individual needs.
• Staff were proud to work for Care With Compassion and felt valued by the management team. One staff member told us, "I feel appreciated by [registered manager]. They look after the care staff and are very understanding."
• The registered manager was open and honest with us throughout our inspection and was responsive to any issues identified during the inspection, acting to address these.
• People and their relatives told us they would recommend Care With Compassion. A relative told us, "They [service] really do envelope person centred care. They listen to [Name], what they want and when they want it. [Name] is in control." Another relative told us, "I think they [service] are doing a really good job, and I feel comfortable with them [staff] in my home." One staff member told us, "I would recommend them [service] to other people. My [relative] has had lots of carers that would cut corners, we don't cut corners." Another staff member told us, "The company is good, the management are always available… any problems I can ring anytime, they [management team] always answer."

Continuous learning and improving care:
• An electronic system had been introduced for managing rotas. Staff were able to access their rotas via a secure application on their devices. This also enabled the management team to identify staff's location to ensure staff had arrived and departed their calls safely. One staff member told us, "The [application] is really easy to use… It helps to know how long I have been there [people's home] so I don't over run and if anything changes we get updated on our phone for example someone cancelling a lunch call."
• The registered manager told us they planned to purchase mobile devices to make better use of the electronic system in the future.
• Relatives and staff told us the management team were receptive to ideas to drive improvements.
One staff member told us, "I have supervision all the time, they [management team] always ask if anything the can be improved. They act on things if they need to be improved."

Working in partnership with others:
• Care With Compassion worked closely with social workers and commissioning authorities and sought support of other health professionals as needed. We saw feedback that said, "I have worked with [Registered Manager] and their team over the last three years with a variety of different customers and cases. Care with Compassion are a great [service] who always provide a high level of care to all [people] they are working with, nothing is too much for the staff and they always provide an excellent service.