

CompKey Healthcare Ltd

# Compkey Healthcare Ltd

## 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 caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Compkey Healthcare Ltd is a home care service providing personal care to people living in their own homes. At the time of the inspection, the service was supporting 16 people.

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

The provider had failed to improve the service adequately to ensure people received good quality care in all areas. Again, as we found at the last inspection, the governance systems they had in place had not been effective at ensuring people's medicines were managed safely or that all the required checks on staff had been completed before they started working for the service.

This is the third inspection the provider has been in breach of regulations, demonstrating a lack of drive for improvement in all areas.

The provider had not checked to ensure relatives or friends had the appropriate legal authority to consent on behalf of a person where they had recorded this may be necessary. Information was not always in people's care records to guide staff on how they needed to be supported with their care. This would reduce the risk of people receiving inappropriate care.

Some improvements had been made since our last inspection. People now saw more regular staff to enable them to build trusting and caring relationships with them. There were enough staff to meet people's needs and people told us that care was delivered in line with their individual preferences.

People's complaints and feedback were listened to and acted upon and systems and processes were in place to protect people from the risk of abuse. The staff were kind and caring and treated people with dignity and respect although further improvements were required to ensure all people received a caring service.

Staff used good practice to reduce the risk of spreading infection to people. They were vigilant about people's health needs and reported any concerns to healthcare professionals when needed. The provider and staff worked well with other services to ensure people received support with their healthcare needs.

People had been involved in making decisions about their care. They 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.

### Rating at last inspection:

The last rating for this service was Inadequate (published January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider to discuss our findings.

At this inspection some improvements had been made but not enough in all areas and the provider is therefore still in breach of some regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the safe management of people's medicines, recruitment checks of staff, and current governance systems.

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 overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Compkey Healthcare Ltd

## 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 team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. They were also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. They have been referred to as 'the provider' throughout the report.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to ensure the registered manager and office staff were available to speak with us and assist us with the inspection.

Inspection activity started on 1 July 2019 and ended on 3 July 2019 when we visited the office location.

#### What we did before the inspection

Before the inspection visit to the provider's office we reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return in May 2019. Providers are

required to send us key information about their service, what they do well and improvements they plan to make. We obtained feedback from the local authority who were a commissioner of the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people and seven relatives about their experience of the care provided. We also spoke with eight members of staff including the provider, five carers, the deputy manager and assistant manager.

We reviewed a range of records. This included four people's care records and ten medicine records for seven people. Two staff had been recruited to the service since our last inspection and we looked at their recruitment and training records. We also looked at a variety of records relating to the management of the service including how the provider monitored the quality of care people received.

#### After the inspection

We requested further information from the provider to validate evidence found. This included analysing staff training and supervision information along with specific incident data.

# 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 Inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection in November 2018, the provider had failed to ensure that systems were in place to manage people's medicines safely. We also found that staff were placing people at risk by using poor moving and handling practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to staff moving and handling practice but we found continued concerns with the management of people's medicines. Therefore, the provider remains in breach of regulation 12.

- People's medicines had not been managed safely or in line with relevant guidance such as that from the National Institute of Health and Clinical Excellence (NICE).
- Records showed that staff had not always given people their medicines correctly. One person had been prescribed the medicine Ibuprofen gel to be applied up to three times per day, but staff had applied it consistently four times per day. Two other people had not had some of their medicines given to them in line with the prescriber's instructions. The provider said this had been these people's choice however, staff had not always documented within people's records that this was why the medicine had not been given. The provider had also not always contacted the prescriber to alert them to this fact. This would have enabled the prescriber to review with these people their medicines, to determine whether missing some doses was detrimental to their health or not.
- There was not always clear guidance in place to advise staff on how often they needed to support people with the application of creams. This placed people at risk of not having these applied correctly.
- Staff had been trained to give people their medicines but their competency to do this safely had not been assessed within the last 12 months in line with NICE guidance.
- The provider had audited people's medicine records, but several issues had not been identified and therefore investigated, to ensure the safe management of people's medicines.

The lack of robust systems in place to ensure people had received their medicines correctly placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Most risks to people's safety had been assessed and staff managed these well. For example, regarding pressure ulcer risk. A relative we spoke with confirmed this. They told us, "They are helping to avoid pressure sores. They keep [family member] dry after a wash and put creams on their skin."

- There was clear information in people's care records to guide staff on how to reduce risks to people's safety. For example, one person's record described what action staff needed to take to reduce the risk of them falling.

#### Staffing and recruitment

At the last inspection in November 2018, the provider had failed to ensure that systems were in place to ensure there were enough staff available to meet people's needs and preferences. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that improvements were required to the provider's recruitment processes to ensure staff working for the service were of good character.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18. However, the provider had still not ensured their recruitment checks were robust and therefore, they are now in breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For one staff member the proof of address checks obtained by the provider were not recent. One document was dated January 2018 and the other October 2015. The provider had obtained a Disclosure and Barring Service check for the staff member in April 2018 when they had originally applied to work for the service. However, the staff member had not commenced their employment at this time. The provider had not resubmitted for a further check in June 2019 when the staff member started their employment, to satisfy themselves they were of good character.
- The provider had not sought information regarding staff member's full employment history and there was no information about staff's health needs within their records which are required under the regulations. The provider told us they asked staff about their health during interviews, but this information had not been recorded.

The lack of robust recruitment checks placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs and preferences. People and relatives told us they had not experienced any missed visits and staff were usually on time to deliver the care required. One relative told us, "They are mostly on time, they ring me if they are running late." Another relative said, "They stay the full time. There is no rushing. They ask before they leave."
- All the staff we spoke with agreed there were enough staff. They said they had not missed any visits to people and had plenty of time to provide them with the care they required.

#### Systems and processes to safeguard people from the risk of abuse

At the last inspection in November 2018, the provider had failed to ensure that systems were in place to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

- Systems were in place to protect people from the risk of abuse. Staff had received training in safeguarding and demonstrated their knowledge in this area. Any concerns or incidents had been reported to the relevant



authorities and investigated. People and relatives told us they felt safe with the staff when they were in their homes.

#### Preventing and controlling infection

- Staff acted to reduce the risk of infection spreading. They had received training in infection control and told us they wore appropriate equipment such as gloves and aprons when necessary. One relative told us, "Yes, they use gloves and an apron, and they tidy up after. No mess is left."

#### Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the office if they occurred. The provider had investigated these. Feedback had been given to staff on what improvements were required when necessary. For example, staff had received further training on supporting a person to move safely after the person had experienced some bruising from the use of equipment.
- Although some improvements had been made since our last inspection, the provider had not improved sufficiently which demonstrated a lack of learning in some areas such as ensuring safe medicines management and recruitment of staff.

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the last inspection in November 2018, the provider had failed to ensure that staff had received enough training and supervision to provide people with effective care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18. However, further improvements are required in this area.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person said, "Yes, the staff are well trained. I get the impression of their competence." A relative told us, "They were not well trained before, but they are now much better."
- The staff we spoke with agreed their access to training had improved since the last inspection. They had recently received training in several subjects including infection control, dementia and health and safety. Staff were also trained in medication management however, we found some errors in the medication records we checked, indicating staff practice in this area required improvement. The provider told us further training in this subject was planned to be completed by September 2019.
- Staff supervision had improved. Staff told us they received this regularly which included face to face meetings and spot checks of their care practice.

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 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

- The provider had recorded within people's care records where another person such as a family member or friend, may need to be consulted regarding consent. This was if the person lacked capacity to consent to the care themselves. However, the provider had not verified whether these individuals were legally able to provide consent. For example, they had not seen Power of Attorney documents to confirm this was in place.

This increased the risk of third parties consenting on behalf of a person when they were not legally able to do so.

- People and relatives told us staff obtained their consent before completing a task. Staff had a good understanding about capacity and the need to offer people choice where they required support to make a decision.

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

- The service had assessed people's needs and choices holistically including people's physical, mental health and communication needs. The support given to people was regularly reviewed to judge whether people were receiving the care they required and if the service remained suitable for them.

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

- No one we spoke with during this inspection was receiving assistance with eating and drinking. However, staff demonstrated they understood the importance of ensuring people ate and drank enough to maintain their health. The provider told us they were currently working with an occupational therapist to monitor someone's food intake where they were at risk of losing weight.

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

- Staff worked with other services to provide people with the care they required. Staff told us they often did joint visits to people with other healthcare professionals such as an occupational therapist or district nurse. This was so they could understand people's health needs in more detail to ensure they were provided with appropriate care.
- People and relatives told us staff were vigilant to people's health needs. One relative said, "They tell us and have called me if there are any issues. They have also called the GP and helped to avoid problems that way. [Family member] had one small foot sore which was sorted out early." Another relative said, "They spotted signs of an ear infection which was sorted out."

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people did not always receive a caring service.

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

- The provider had not ensured that people always received a caring service. For example, appropriate recruitment checks had not been completed on new staff to ensure they were safe to work with people.
- Staff were kind and caring and treated people with respect. A relative told us, "Yes, they are considerate in the house. Polite and helpful to me as well. They are nice people." Another relative said, "They ask me how I am. It helps me as I could not cope without them."
- The majority of people and relatives said they saw the same staff which helped them build caring and trusting relationships with each other. One person told us, "In the last few months we have had more regulars. It has improved in the last six months. There is more continuity."
- Conversations with staff showed us they were mindful of people's diverse needs and took these into account when providing people with care.

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

- People were supported to express their views and make decisions about their care. They and their relatives told us they felt this had improved and they were listened to. One person told us, "I feel a bit more listened to now. If you raise things, the service will sort it."
- People's care was regularly reviewed during face to face meetings. At these meetings they were encouraged to provide feedback about the quality of care they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence encouraged. A relative told us, "They help her with some personal care and it's done with dignity." Another relative said, "[Family member's] care is always done with dignity. They chat as they assist him, and they are personable. They know him, and he is happy with them as if they are friends, but they stay very professional. He looks forward to them calling."
- Staff demonstrated they understood how to protect people's privacy and dignity, for example when providing them with personal care. They spoke about how they encouraged people to be as independent as possible such as encouraging people to walk more.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last inspection in November 2018, the provider had failed to ensure that systems were in place to ensure that care was planned and delivered to meet people's individual needs. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9. However, further improvements are required.

- People and relatives told us the care they received met their individual needs and preferences. However, not all care was being delivered to meet people's individual needs. Some people had not received their medicines correctly or in line with the prescriber's instructions. This didn't demonstrate a person-centred approach to medicines management.
- There was information in people's care records to guide staff on how to provide them with care to meet their individual needs. However, this could be improved for people who had diabetes and/or a catheter. For example, the addition of guidance to advise staff on how to recognise complications in these areas and what action they should subsequently take would reduce the risk of staff not taking appropriate action in these circumstances.
- People had contributed to the assessment of their needs and preferences which included the gender of carer who would be visiting them. Staff told us communication about people's needs was good and they were informed of any changes.

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 had been assessed in line with the AIS. The provider told us they were able to provide people with documentation in several different formats to aide communication. For example, they said they used pictures to communicate with one person they supported. Our conversations with staff demonstrated they had a good awareness of people's communication needs.

Improving care quality in response to complaints or concerns

- People's complaints had been managed well. A relative told us, "They changed one carer who was not

right for us. They have always been willing to make changes and will try their best." Records showed any complaints made had been investigated and dealt with appropriately.

- People received information on how to complain before they started using the service.

#### End of life care and support

- People's end of life wishes had been sought as part of their initial assessment of care. Staff worked with the relevant professionals at this time to ensure people had a comfortable and pain free death.

# 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 Inadequate. At this inspection this key question has remained the same. This meant there were shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection in November 2018, the provider had failed to ensure that systems were in place to ensure that people received good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of regulation 17.

- The provider has been in breach of regulations 12 (Safe Care and Treatment) and 17 (Good Governance) since November 2017 and for the last three inspections of the service.
- The provider had again failed to ensure that systems were in place to effectively monitor that people received their medicines safely. They had audited people's medicine records both on a weekly and monthly basis but had not identified gaps in the records or that people were not always receiving medicines in line with the prescriber's instructions.
- The provider told us in their PIR, their medication practice followed NICE guidance however, we found this had not been fully embedded.
- The provider had audited staff files but had not identified the shortfalls we found such as lack of a full employment history being taken from staff.
- Some of the issues we found at this inspection were found at our last inspection in November 2018. For example, lack of full employment history checks on new staff and medicine cream records not having clear instructions on them for staff. This demonstrated a lack of drive for improvement within this area.
- The provider told us they were not aware they should have notified us of an incident that had involved the police. This demonstrated a lack of knowledge regarding regulatory requirements.

The lack of effective systems and provider knowledge to improve the quality of care in some areas, placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in November 2018, the provider had failed to ensure they had notified us of specific important events as required This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18. However, further improvements are required.

- The provider had notified us of some incidents that had occurred since the last inspection but not all. For example, they had not told us of an incident involving the police. The provider told us they would ensure we were advised of such incidents in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 they received care that was focused on them and the provider said this was their aim. Although we had found improvements in this area, further improvements were required to ensure the service is fully person centred.
- An open culture was promoted within the service. People told us the staff and provider were approachable and were open to feedback about the running of the service. The majority said they would recommend the service to others.
- The staff told us they felt valued by the provider, enjoyed working for the service and were able to speak to the provider or other managers in the service without fear or apprehension.
- The provider understood their responsibility in relation to their duty of candour and had fully involved people and their relatives when necessary, when it had been appropriate to do so.
- People and relatives told us they could get hold of the staff in the office or the provider whenever they needed to. One relative told us, "I can get the office and I have a direct number with me. They do get back to me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly asked for their feedback about the service and improvements made where necessary. For example, people said they wanted to know which staff would be visiting them and in response, the provider had arranged for them to be sent a weekly rota containing this information.
- A survey of staff opinion had been conducted in March 2019, but their responses not yet analysed. The provider told us they had not had time to do this as they had concentrated on feedback from service users. They planned to perform another staff survey in the coming months.
- The staff worked closely with other services such as the community district nursing team for the benefit of people using the service.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that service users medicines were managed safely. Regulation 12 (1), (2), (g).

### The enforcement action we took:

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure systems were effective at assessing, monitoring and mitigating risk to service users and improving the quality of care they received. Regulation 17 (1), (2), (a), (b), (d), (f).

### The enforcement action we took:

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not ensured all required checks had been made on new staff before they started working for the service to ensure they were of good character. Regulation 19 (1) (a) and (2).

### The enforcement action we took:

We imposed a condition on the provider's registration