

Compare Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Compare Care provides personal care for people in their own homes, most of whom were older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was providing personal care to 19 people.

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

The provider did not always carry out robust checks to ensure staff were suitable to work with vulnerable people. There were enough staff to support people safely although some people told us timekeeping could improve. The provider assessed risks to people although these assessments did not always follow best practice and were not always comprehensive. Records and checks relating to medicines management required improvement as these were not always robust. Staff followed suitable infection control practices.

Staff received training during their induction with annual training in moving and handling. However, staff did not always receive sufficient training nor supervision after their induction. The provider checked staff cared for people in line with their care plans through observations. People received the support they needed to maintain their day to day health and in relation to eating and drinking. 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.

People and relatives were positive about their care workers who treated people with kindness, dignity and respect. People were involved in their own care and planning and received care from staff who knew them well. People's care was personalised to meet their needs and preferences. Some people received social and emotional support from staff and this support was based on the individual's needs. The provider could provide information to people in alternative formats to meet people's communication needs. The provider had a suitable process in place to respond to any concerns or complaints.

A registered manager was in post who was also a director of the company. People, relatives and staff were positive about the registered manager and thought the service was well-led. However, because the provider's governance systems had not identified and resolved the issues we found including those relating to recruitment, medicines management and risk assessments we found the leadership required improvement.

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

Rating at last inspection and follow up

The last rating for this service was good (report published April 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service 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 ●

Compare Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed by one 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 houses and flats.

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

Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection. This was because the service is small and the registered manager is often out delivering personal care to people. We wanted to make sure someone would be available to meet with us.

The inspection site visit took place on 17 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). 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 this

information to plan our inspection.

During the inspection

During our visit to the offices of this service we spoke with the registered manager, a person using the service who visited the office and three care workers. We reviewed a range of records including five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed. After our visit to the provider's office our expert by experience spoke with nine relatives and seven care workers via the telephone.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Some recruitment checks on staff were lacking. For three staff the provider had not obtained a full employment history on leaving school and had not explored any gaps in that history.
- Although the provider carried out staff DBS checks they had not always recorded information about these checks in line with our guidance.
- The provider did not always verify staff addresses using recent documentation.
- The provider did not always use the interview process to check the suitability of candidates. We identified a lack of interview notes and the provider told us they used the interview to set out their expectations and did not ask standardised questions to find out more about the candidate, instead learning more about staff as they completed their induction.
- The provider did not have a system to renew staff DBS checks as part of checking whether they remained suitable to care for people.

These issues were a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Five people and relatives told us staff timekeeping was occasionally an issue, although one told us recently this had improved. Two people told us timekeeping was good. One relative told us care was rushed and carers did not always stay the agreed time. The registered manager planned rotas to ensure good timekeeping as far as possible and they often turned down packages if they could not ensure a timely service. The provider was introducing an electronic system to monitor timekeeping more closely.

Using medicines safely

- Although people did not raise concerns about medicines management, our checks showed improvements were required. For example, the risk assessments the provider carried out in relation to medicines management were basic and did not follow best practice guidance.
- The provider did not always record details of the medicines staff administered to people. For example, details of medicines administered from blister packs were lacking.
- Medicine administration records (MAR) we viewed lacked important details to guide staff such as the strength, dosage, route and frequency of administration. Some MAR lacked clear dates and some MAR were missing for the time periods we requested.
- The provider lacked systems to audit MAR regularly to check people received their medicines as prescribed. The registered manager told us they would review their systems in line with best practice and

improve.

- Staff received training in medicines management during their induction. However, the systems were not in place to review the training or to check staff knowledge remained current. The registered manager told us they would review training and introduce refresher training to include medicines management.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care, although these assessments were not always comprehensive following best practice guidance from the health and safety executive (HSE). The registered manager told us they would ensure risk assessments were in line with guidance.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives did not raise concerns about staff knowledge and support in relation to their risks.

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

- Our discussions with staff showed some lacked understanding of their role in relation to safeguarding. For example, one staff member had not reported bruising they observed on a person to enable an investigation. A second staff member was unable to answer questions relating to types of abuse and how to respond to keep people safe.
- Staff received training in safeguarding and infection control during their induction. However, the systems were not in place to review the training or to check staff knowledge remained current. The registered manager told us they would review training and introduce refresher training to include safeguarding and infection control.
- People and relatives did not raise concerns with us regarding infection control. Our discussions with staff showed they understood how to reduce the risk of infections when providing personal care.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who received regular training to understand their needs, although most staff were new and only two had worked for the provider for more than two years. Four people and relatives told us they thought staff needed more training in general.
- One staff member who had worked at the service for six years had no recorded training in safeguarding, medicines, infection control or fire safety since their induction. The registered manager told us they would introduce a training schedule for staff to keep their knowledge current, with annual training.
- Staff received training during their induction which followed the national standards for staff who are new to care. Some staff had been supported to complete diplomas in health and social care to further their knowledge. Some staff had received training in end of life care, specialist tube feeding and management, the mental capacity act and dementia care at home to increase their understanding of these areas. Staff received annual training in moving and handling to support people to mobilise safely.
- Staff felt supported by the provider and received regular spot checks and observations to identify whether they needed any additional support. Staff told us they could speak with their line manager at any time to discuss any concerns. However, staff did not always receive regular formal supervision to review their performance and training needs and the registered manager told us they would review this.

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

- The provider read any available professional reports and met people and their relatives before they began receiving care to check they could meet people's needs.
- As discussed in 'Is the service safe?', the provider did not always follow national guidance in relation to medicines management and risk assessing.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives did not raise concerns about staff understanding of their healthcare needs. Key information about people's health care and meal preferences needs was recorded in their care plans for staff to refer to.
- Staff supported people to access health care professionals when this was an agreed part of their care.
- Staff understood people's individual dietary needs and prepared light meals to meet any cultural needs where this was part of their care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had capacity to make their own decisions and no one needed to be deprived of their liberty at the time of our inspection. However, the provider understood their responsibilities in line with MCA and told us they would carry out MCA assessments in relation to the care they provided if needed in the future.

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 remained the same. 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

- Feedback from people and relatives regarding their care workers was positive. Comments included, "I have a laugh and joke with staff", "The carers are very good with [my family member]" and people described staff as "kind", "caring", "patient", "very obliging" and "nice". One relative told us on occasion the provider had attended at short notice if a person required more care than usual.
- The registered manager told us they arranged the rotas to ensure people received consistency of care from a small number of staff who knew them well as far as possible. One relative told us, "[My family member] has built up a relationship with regular carers. They know how [my family member] likes things."
- Staff received training in equality and diversity as part of their induction.

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

- People told us they made their own decisions regarding their care and staff supported this, and relatives confirmed this. One person confirmed they were always provided with staff of their preferred gender for personal care.
- People's views regarding their care were recorded in their care plans for staff to follow.

Respecting and promoting people's privacy, dignity and independence

- People and relatives did not raise concerns in relation to staff ensuring people's privacy and dignity during personal care.
- Our discussions with staff showed they understood how to maintain people's confidentiality and had received training in this during their induction.
- Staff supported people to maintain their independence by involving them in their care as much as possible.

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 remained the same. 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

- The provider personalised people's care plans and tailored them to their individual needs and preferences.
- The section 'daily living, social activities and pastimes' was not always completed and the registered manager told us they would improve this. The registered manager told us they always ensured staff received a full verbal handover before they cared for people which would include information about daily living, social activities and pastimes.
- People and relatives did not raise concerns about staff understanding of their care needs and following their care plans. Our findings showed people received care based on their individual needs and preferences.
- The provider reviewed people's care plans so they reflected people's current needs and were reliable for staff to follow.

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.

- The provider could provide information about the service in alternative formats if required.
- The provider recorded people's preferred methods of communication in their care plans so staff had clear information to refer to.

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

- Staff provided social and emotional support for some people. For example, one person told us staff took them on activities of their choice each day and they valued their support.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place although the provider told us they had not received any formal complaints since our last inspection.
- People and relatives told us the registered manager had resolved any concerns they raised about the service.

End of life care and support

- The registered manager and field supervisor had received training relating to end of life care and told us they shared their knowledge with other staff.
- The registered manager told us they followed end of life care plans from external specialists if they provided care to a person at the end of their life.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's good governance was not sufficiently robust because it had not identified and resolved the issues we found including those relating to recruitment, medicines management, risk assessments, supervision and training.

This meant there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was led by a registered manager who was also a director of the company. People, relatives and staff were positive about the leadership of the service. Comments included, "I'm happy with the company and would recommend them" and [The registered manager] is capable and approachable. He shows compassion and respect." When asked how the service could improve one relative told us they would like the provider to notify them when a new care worker went to provide personal care. Five people and relatives raised concerns about issues with timekeeping on occasions and four about a need for staff to receive more training.
- The provider displayed the rating awarded at their last CQC inspection at the service and on their website. This was important as it helps inform people about the quality and safety of the service.

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

- The provider planned people's care openly and in partnership with them and others involved in their care. This ensured care was centred on individual needs.
- The registered manager worked directly with most people using the service each week and used this time to check they were satisfied with their care. The field supervisor visited people regularly to check their care met their needs and find out their views and these visits were recorded. One person told us, "[The field supervisor] is fantastic." The provider also conducted surveys for people using the service to gather their views and experiences.
- The provider had systems to involve people and their relatives in any investigations if things went wrong, although this had not been necessary since our last inspection.
- Staff told us the provider communicated well with them and that the provider regularly called them to

update them on any changes. The provider held regular team meetings where they listened to the experiences of staff and any suggestions they had to improve the service.

Working in partnership with others

- The registered manager communicated well with external health and social care professionals to ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always assessed the risks to the health and safety of service users of receiving the care or treatment and did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12(2a, g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established systems or processes which operated effectively to enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17(1)(2a)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not always ensure the information specified in Schedule 3 was available in relation to each staff member.</p> <p>Regulation 19(3a)</p> |

