

Charlotte's Compassionate Care Services Ltd

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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

Charlotte's Compassionate Care Services Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. This is the only branch of this private limited company.

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 our inspection 10 older people were using the service.

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

The provider's systems for identifying, recording and planning for risks were not always robust enough and records were not always clear. In particular, the provider had not always assessed and planned for risks regarding medicines.

The systems to ensure staff were suitable and had the skills and knowledge needed to care for people were not always followed because the provider did not always make thorough checks at recruitment and had not always recorded when they checked staff competencies or skills.

The systems for monitoring and improving the quality of the service were not always effectively implemented because they had not always identified where improvements were needed.

People using the service were happy with their care and support and generally felt communication with the agency was good. People and their relatives said the staff were kind, caring and reliable.

The staff felt well supported and liked working at the agency.

People were involved in planning their own care and making decisions about this.

There were systems for monitoring and learning from accidents, incidents and complaints. Although there had not been any at the time of our inspection. There were a range of policies and procedures which staff were aware of. People told us the provider had apologised when things had gone wrong and worked with them to improve the service.

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

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

Rating at last inspection and update

This was the first inspection of the service since it was registered on 27 October 2021.

Why we inspected

The inspection took place based on the date the service was registered with us.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, fit and proper persons employed and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about ensuring staff training and competencies are assessed and recorded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Charlotte's Compassionate Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection for this inspection carried out using our remote technologies.

Inspection activity started on and ended on 15 November 2022.

What we did before the inspection

We looked at all the information we held about the provider. This included information we gathered when the service was registered and when they first started providing personal care and support to people. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We had a call meeting with the registered manager.

We spoke with two people who used the service and the relatives of five people who used the service. We spoke with two care assistants. We looked at the care records for four people who used the service, staff records and other records used by the provider for managing the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- The systems for recruiting and selecting staff had not always been followed to make sure staff were suitable. For example, the provider had not always obtained essential information about their past employment, skills and knowledge, references from previous employers or followed up on concerns identified during recruitment.

Failure to follow safe recruitment procedures meant there was a risk staff would not be suitable. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to care for people and keep them safe. People using the service and their relatives told us care staff arrived on time and stayed for the agreed length of time.
- Staff told us they had enough time for their care visits, were not rushed and had time to travel between people's homes.

Using medicines safely

- There was not enough information about people's medicines to help make sure they received these safely and as prescribed. The medicines care plans and risk assessments were generic and did not take account of people's individual needs and risks to their safety, such as their mental capacity, memory, any potential side effects and why people were prescribed the medicines.
- The provider was not able to demonstrate that all staff had been suitably trained to handle medicines safely and well. They had not tested staff knowledge or made recorded observations to show staff were able to administer medicines safely.

We found no evidence people were being harmed, although failure to safely manage medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received the support they needed with medicines.
- When people were able to manage their own medicines, this was encouraged, and they were able to do this.
- Staff recorded the medicines they had administered to people and these records were checked by the registered manager to make sure people had received their medicines as prescribed.

Assessing risk, safety monitoring and management

- The provider had not always assessed risks to people's safety and wellbeing. They had assessed some risks, but these assessments were not always personalised. When people were diagnosed with specific healthcare conditions or had an additional need such as dementia, there were not always assessments to show how the risks relating to these could be managed.
- There was not enough information about the risks within people's home environments and how to keep people safe.
- The provider was not able to demonstrate that staff had received training and had the information needed to help move people safely and use equipment. For example, when people needed to be supported using a hoist. The provider had not assessed the staff competencies and skills to use this equipment safely.
- One relative explained to us that staff did not always check the best before dates of food. The staff were responsible for preparing the person's meals but had left food in the fridge which had started to go bad. They were concerned this placed the person at risk.

We found no evidence people were being harmed but failure to assess and plan for risks was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- With the exception of the feedback about food, people using the service and their relatives told us staff cared for people in a safe way and considered risks whilst they were providing care.

Systems and processes to safeguard people from the risk of abuse

- There were procedures designed to help safeguard people from the risk of abuse. The staff had training in these and access to information through the provider's portal which included all policies and procedures.
- People using the service and their relatives told us they felt safe with the staff and agency.
- There had not been any safeguarding alerts since the service was registered.

Preventing and controlling infection

- There were procedures to help prevent and control infection. Staff were aware of these and had undertaken relevant training.
- Staff were provided with personal protective equipment (PPE) such as gloves and masks. People using the service and their relatives told us staff used this, washed their hands and helped to make sure the environment was clean.

Learning lessons when things go wrong

- The provider had policies and procedures for learning when things went wrong. They had not had any accidents, incidents, complaints or safeguarding alerts at the time of our inspection. However, they had procedures to be followed in the event of these happening.
- People using the service and their relatives told us the registered manager looked at ways to resolve concerns and any problems they had encountered, keeping them informed and asking for their views.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider did not always check staff had the skills, training and experience needed to safely care for people and fulfil their roles. The staff had not attended any face to face training arranged by the provider nor had their competencies and skills been assessed in certain areas, such as administering medicines and moving people safely. The provider told us that all care staff employed were experienced and worked with other care providers, but they had not obtained evidence of their training to make sure they understood the principles of good care and had the skills and knowledge needed.
- People using the service told us they thought staff were skilled and capable and the staff were able to explain about training they had undertaken with other providers. Whilst this provided some assurances, the provider was not able to demonstrate they had checked this.
- The staff told us they felt well supported. They said they had the information they needed and had regular meetings and discussions with the registered manager.

We recommend the provider's systems ensure staff have completed all the necessary training and are competent at providing care in line with national guidance and best practice.

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

- The provider liaised with other healthcare professionals when needed. Records of care showed that staff had identified any changes in people's health and conditions and had reported this. The registered manager had liaised with families and healthcare teams.
- The provider had recorded when people had specific healthcare conditions. Although recorded information about people's needs relating to these, and risks associated with them, was limited.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had acted in accordance with the MCA. People were able to make decisions about their care and had consented to this when they were able. The provider had not always obtained written consent to aspects of people's care but people confirmed they were asked to consent.
- For people who lacked the mental capacity to make decisions, the provider had recorded who was responsible for making decisions and had discussed people's care with these representatives.

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

- People's needs were assessed before they started using the service. People told us they met with the registered manager and answered questions about their needs and choices.
- Assessments were used to help develop care plans. People were involved in these and felt they reflected their needs.
- The provider used a template for assessments based on best practice guidance and legislation.

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

- People were supported to have enough to eat and drink when this was part of their planned care. The registered manager completed a nutrition and hydration care plan and assessment. Staff recorded when they provided food and what they had offered.
- People using the service and their relatives told us they were happy with the support people received in this area and people were able to make choices.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported. They, and their relatives, told us staff were kind, caring and they had a good relationship with them. Some of their comments included, "They are absolutely amazing and wonderful. They are amazing with [person], so kind and patient and they never let us down", "They have built up a rapport with [person]. [They are] extremely happy. The carers laugh and joke with [person]" and "They are kind and understanding. The girls play music to [person] when providing care to help calm [them] down."
- Staff spoke positively about the people they cared for. They understood their needs. They were able to explain how to ensure people's privacy. People using the service and relatives confirmed this, telling us staff always behaved respectfully and provided care in private.
- People were supported to be independent where they were able. Care plans described things people could do for themselves. The people we spoke with told us they were supported to maintain their independence where they were able.

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

- People were able to express their views and make decisions about their care. They explained the registered manager had asked for their views and explained everything clearly during the initial meetings.
- Care plans included information about people's known preferences and how they wished to be cared for.
- People told us staff offered them choices and respected these.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. They confirmed this, telling us they had been involved in planning their care, were asked for regular feedback and that any changes they requested were responded to.
- Comments from people using the service and their relatives included, "The carers provide good company, companionship and reassure [person]", "They help me with the tricky things and support me to do things for myself" and "They do a good job." People told us the care workers and agency had been responsive when they noticed someone's needs had changed. For example, they had alerted relatives and healthcare professionals when they were concerned about someone's health and had helped relatives to get in contact with the relevant professionals to request additional support and equipment.
- The registered manager had created care plans for each person. These included information about how they wanted to be cared for and their needs. The staff had access to this information when providing care. Care plans were regularly reviewed and updated.
- Records of care which had been provided indicated the staff had followed people's care plans well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The provider had developed a communication care plan for each person. This outlined their needs and any special arrangements the staff or agency needed to make to ensure people were understood and could understand information.
- People using the service and their relatives confirmed their communication needs were met.

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

- Some people using the service received companionship support. They and their relatives confirmed this was well thought out and met their needs. These people told us they were able to share meals with care workers, go out for walks and spend leisure time together.
- The provider's electronic systems allowed people's families to access care plans and care notes. This meant relatives could stay in touch with the agency and check that care had been provided as planned. One

relative told us this was the reason they had chosen the agency and they liked this feature.

End of life care and support

- The provider did not specialise in providing end of life care, although they worked closely with people's relatives and healthcare teams to make sure they monitored and met people's changing needs. They would alert the relevant teams if they were concerned about people's health deteriorating so they could receive the support, pain relief and comfort they needed.

Improving care quality in response to complaints or concerns

- There were appropriate procedures for dealing with complaints and people were aware of these. People knew who to speak with if they had any complaints. There had not been any formal complaints. People told us concerns had been dealt with promptly and efficiently with positive outcomes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider's systems for monitoring and improving the quality of the service were not always operated effectively. They had not followed their own procedures for recruiting staff. The systems for assessing, monitoring and mitigating risks to people's safety and wellbeing had not always been operated effectively.
- The provider did not always maintain complete and accurate records for staff, including checks on their suitability and records of their training, supervision and support.
- The provider undertook audits of each person's care monthly. However, records of these were not always complete and some information had been copied from one audit to another. In some cases, the information was not relevant to the person and therefore it was difficult to judge the accuracy of the audits. Failure to undertake robust audits meant people were at risk of not receiving the right care and support.

We found no evidence people were being harmed. However, failure to effectively operate systems and processes for monitoring and improving the quality of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received personalised care and there was a positive culture. They and their relatives told us they were happy with the agency; they would recommend it to others and there was good communication and support. Some of the comments from people included, "They are so fantastic, better than previous agencies we have had, the carers are spot on and I cannot fault them", "They really go beyond their jobs to care for [person]", "They are very flexible and understanding" and "They are extremely likeable."
- The staff felt well supported and liked working for the agency. They said they had enough information and they enjoyed their work. They told us the registered manager was very responsive if they had any concerns or needed anything.
- People told us they had regular contact with the registered manager and were asked for their views and opinions. They were able to view records about their care using an online application and they had regular phone contact with the registered manager.
- People told us the staff respected their family, culture and their homes.

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 understood their responsibilities under duty of candour and had appropriate procedures in respect of this.
- People using the service and their relatives told us the registered manager had been in contact and apologised when things went wrong. They said they had been offered solutions to problems and felt well informed.

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

- The registered manager was also the owner of the company and had set up the business following a career working in the care sector. They were in the process of undertaking a qualification in care management. People using the service, relatives and staff found the registered manager approachable, friendly and engaging.
- The provider had sourced a company to help create policies and procedures. These were updated with changes in good practice guidance and legislation. The staff had access to these via online applications.
- The registered manager told us they had regular meetings with staff to discuss the service. Staff confirmed this.

Working in partnership with others

- The provider worked in partnership with people using the service and families to plan and review care.
- The staff liaised with healthcare professionals when they identified changes in people's conditions. Relatives told us the registered manager had helped signpost them for additional help and had advocated on their behalf when liaising with doctors to help get people the right care and support.

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 ensured the safe care and treatment of service users because they had not always assessed risks to the health and safety of service users.</p> <p>Regulation 12.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always ensure systems and processes for monitoring and improving quality or monitoring and mitigating risk were operated effectively.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not always ensured recruitment procedures were operated effectively.</p> <p>Regulation 19</p>