

Care With Compassion Limited

Care With Compassion

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on the 23 and 26 September 2016. Care with compassion provides a personal care service to people who live in their own homes in the community and at Her Majesty's Prisons. At the time of our inspection the service was supporting 13 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care from staff that were kind and caring and passionate about providing the care and support people wanted to enable them to stay in their own homes. Staff had the skills and knowledge to provide the care and support people needed and were supported by a registered manager who was receptive to ideas and committed to providing a high standard of care.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People told us that they felt cared for safely in their own home. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

The registered manager was approachable and continually monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

People were cared for by staff that were committed and passionate about providing good care and support.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Staff were flexible in the length of time given at each visit to meet the needs of people who used the service.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager who was committed to leading a service which supported people to live in their own home for as long as it was safe to do so.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

Care With Compassion

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 23 and 26 September 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with two people who used the service, two relatives, four care staff, and the registered manager.

We reviewed the care records of five people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People told us they felt safe with the staff that came into their home. One person said "I feel safe with the staff; I have my favourite of course!" All the relatives we spoke with commented that they had confidence in the staff and had peace of mind that they came in to support their relative. Staff told us that if they had any concerns they would report it straight away to the registered manager. Staff had confidence that the registered manager would take the appropriate action. We saw from staff records that all staff had received safeguarding training and that refresher training was planned. The staff were supported by an up to date safeguarding procedure.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people who had been assessed as at risk of falling had a risk assessment in place which gave details to the staff as to how to mitigate the risks of falling. The registered manager reviewed the care plans regularly and staff told us that if they had any concerns the registered manager would visit and revise the plans and risk assessments.

People's medicines were safely managed. Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and the registered manager had tested their competency. We observed that medicines were stored securely and that medicine administration record sheets had been correctly completed. There was information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions they spoke to the registered manager who responded promptly.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the agency.

People told us that they felt there was a sufficient number of staff to meet their needs. People said that staff usually arrived on time and did not rush them. One person told us "They will let me know if they are going to be late, which is not very often; I get the same staff each day so they know me." Another person said "I have the same two carers; I have a good laugh." The staff we spoke to said they felt there were enough staff and that they had the time to support the person with their personal care needs; if they needed more time they just contacted the registered manager to let them know. The registered manager explained that the staff rota was based around the needs of the people and the geographical area people lived in to take account of the travel time between calls. The agency only took on new people if they had sufficient resources available to meet the care and support required. Staff confirmed they had regular people they cared for and that travel time was kept to a minimum.

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. One person told us "They talk to me and check what I want; I had another agency before and they did not listen to me and tried to get me to do things I can't do, these girls (staff) know what I can and can't do and take their time with me." Another person said "They [staff] ask me what I want and need; I know them all well and they know me."

At the time of the inspection Care With Compassion had only been delivering a personal care service for just over twelve months. The staff employed had all had experience of working in various care settings for several years. They spoke positively of the support they received. They had all undertaken a thorough induction programme which included having their competencies tested in relation to manual handling, health and safety, safeguarding and medicine administration. They had worked alongside the registered manager or more experienced staff before they had worked alone. The registered manager explained that if and when they recruited staff they would now be ensuring that all new staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff felt valued in their roles and told us that they had no hesitation to seek support from the registered manager. We saw from staff files that all staff received regular supervision and on-going support. The registered manager was planning a schedule for staff appraisals for when staff had completed 12 months with the agency. The registered manager was in contact with the staff on a daily basis and delivered some of the care each week. This gave the registered manager the opportunity to fully understand the needs of the people and enabled them to instruct the staff in various techniques to support people individually. It also enabled them to ensure the care plans in place were up to date and relevant and could respond quickly if changes to someone's care plan needed to be made. Staff were encouraged to develop their skills and knowledge; one member of staff told us "I am in the process of completing my National Vocational Qualification (NVQ) level 3."

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. We checked whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been deemed to lack the capacity to give their consent the service would ensure that appropriate steps would be taken legally to identify someone to act in their best interests. At the time of our inspection the majority people using the service were able to give their consent and were actively involved in their care plan.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. One person told us "The girls (staff) prepare my meals for me; they check what I would like."

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. One person told us "They are very good and will sort out my doctor and nurse appointments." A relative told us "They [care staff] are on the ball, [my relative] had a change in health and they called the GP out straight away; I'm really pleased with the whole team."

Is the service caring?

Our findings

People were supported by staff that were kind, caring and compassionate and were committed to help people in any way they could. People told us how nice and kind all the staff were. One person said "They are brilliant carers who care." Another said "I could not say a bad thing about them; they are all so nice to me." Relatives commented that they felt all the staff genuinely cared for people and it was more than just a job for them. Several people and their relatives all said they would be happy to recommend Care With Compassion.

People were encouraged to express their views and to make their own choices. People confirmed that staff gave them choices in everything they did, for example what they wanted to wear if they were unable to get their clothes themselves, the food they ate and what support they received with their personal care. Staff responded to people's requests and ensured people were happy with the support they were offered.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. The registered manager and staff spoke daily to ensure all relevant information was shared between them, this was conducted in private.

People received their care in a dignified and respectful manner. Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times. One person told us, "The girls put a towel over my lap when they are helping me, they are very respectful." One relative said "The carers are respectful with everything they do, they are always polite and treat [my relative] lovely."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One person told us "We have a good laugh; I look forward to them coming." Another said "I usually see the same girls [staff], they chat with me about my family, and they are all very nice." Staff spoke to us about being able to provide the continuity of care; they explained that they supported a regular set of people. One member of staff said "It's good here because you have time to get to know people." The registered manager explained that they had developed rounds which the same staff kept to; this had enabled them to provide the continuity of care people wanted and limited travel between calls.

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. People told us that the staff spent time chatting with them. We spoke to the registered manager about what support was available should a person not be able to represent themselves or had no family to help them. The manager explained that if that situation did arise they would support the person to get an advocate. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

People and their families initially met with the registered manager which gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The registered manager ensured they had sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were consistently and effectively met.

The care plans detailed what people wanted and when they wanted support. They were regularly reviewed and updated and we saw that if people needed to make changes this was accommodated. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. Staff told us that they would report any concerns or issues to the registered manager and that they spoke daily with the manager so that everyone was kept up to date.

Staff were aware of people's cultural needs and explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. The information in the care plans ensured that staff were aware of people's past history, any hobbies or interests they may have or had. For example; one person liked to look through a scrap book of pictures taken throughout their professional career. Time was given to people if they needed support to undertake an activity or pursue an interest they may have; for example one person liked to go out for lunch, a member of staff was scheduled to provide the support they needed.

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The registered manager had ensured that there was always someone people could contact. People told us that they would speak to the registered manager or any of the staff if they had a complaint and knew someone was available at any time. One relative told us "I would not hesitate to contact the manager if I needed to." However, the people we spoke to had nothing but praise for the care and support they received. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to and action taken to address any shortfalls.

Is the service well-led?

Our findings

People benefited from receiving care from a small team of staff who were committed and enabled to provide consistent care they could rely upon. There was a registered manager who was approachable and who was passionate about providing the best possible care to people.

The registered manager undertook regular 'spot checks' to ensure that all staff were delivering the care as required as detailed in the individual care plans. This also gave them an opportunity to gather feedback about the service. The daily records were monitored and any shortfalls in recording were addressed.

Relatives and staff told us communication was good and they had positive relationships with the registered manager. One member of staff told us "[Name of registered manager] they are brilliant, very informative, always know what is going on and involved in every aspect of the service." Another member of staff commented how pleased they were with the decision they had made to come to work for the agency.

We could see from speaking to people, their relatives and staff that Care With Compassion delivered on its commitment which was to support those who wish to remain in their own homes and to be independent for as long as it is safe for them to do so.' We read a comment from one relative which stated how pleased there were with the kind, professional and caring approach of staff. As the registered manager regularly worked alongside the care staff it was evident how committed everyone was to provide a good quality service.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

The registered manager regularly sought feedback about the service provided in people's reviews and through telephone calls to people and their families. There was a plan in place for this to be formalised into annual questionnaires for people, relatives and staff.

Staff felt listened to and were in regular contact with the registered manager. Staff told us that they were involved with the development of people's care plans. One member of staff told us "An initial care plan is in place and the registered manager discusses this with us prior to visiting someone new, sometimes if they can, the registered manager comes with us on the first visit. Once we have supported someone we can feedback to the registered manager if the care plan needs changing to better meet the needs of the person." The registered manager was receptive to their ideas and suggestions and made the appropriate changes when necessary.

Care With Compassion strived to provide a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible. The registered manager was committed to providing well trained and motivated staff.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and refresher training was planned to ensure all staff kept their qualifications up to date. Staff were encouraged to gain further qualifications.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding and recruitment procedures. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role.