

Compass Homecare Ltd

Compass Homecare

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

Compass Homecare is a domiciliary care agency providing care and support to people living in their own homes. Compass Homecare delivers care to nine 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. Compass Homecare had only been trading for just over a year and was still growing and developing as a service. At the time of the inspection nine people were receiving care or support from Compass Homecare and four of these were receiving the regulated activity at this time.

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

People were treated with dignity and respect. Care was tailored to the individual to ensure things that were important to the person were considered. People were partners in their care and were encouraged to share their views and be involved in how their care was provided. People told us they felt 'listened to' and 'valued'. People spoke highly of the level of care and support shown by staff.

People's needs, and wishes were met by staff who knew them well. Staff found solutions to day to day problems to improve people's lives. This included coming up with inventive ways of enabling people to wear the clothing of their choice and be able to eat appetising meals, which still followed guidance in relation to the person's nutritional needs.

The service provided was bespoke to each person, this meant people received care and support that had been tailored to meet their care needs. People were supported safely, and risks regarding their care had been assessed. People were supported to have maximum choice and control of their lives. People told us they saw carers as being friends and reiterated that the care team were part of their lives. People told us staff showed respect for their dignity and privacy. We saw clear evidence of trusting, caring relationships in place, and a commitment to support people at difficult times in a caring and respectful manner.

People's views and feedback was sought and valued. People and their relatives were involved in the planning of care and any changes to the way care and support was delivered. Care plans were detailed. Care was delivered in ways that supported people's safety, health and welfare. People's needs, and choices were well documented and understood by staff. Individual communication needs were identified and recorded in care plans.

People's health was monitored, and referrals made to other agencies if any issues were noted. The service worked collaboratively with other health care teams to provide consistent care for people. When further training needs had been identified, this had been provided for staff to ensure they had the knowledge and understanding to meet a person's needs.

Specific guidance was in place regarding people's nutritional needs and medicine procedures were in place to ensure people received their medicines as prescribed.

Care and support was delivered in line with current legislation and evidence-based guidance with regular reviews being completed. A consistent staffing group meant staff knew people well and understood their needs and preferences. People were encouraged to continue hobbies and interests that were important to them and supported to maintain relationships with friends and family.

Staff spoke highly about Compass Homecare as an organisation. They told us they felt supported by the registered manager and provider and loved their job. There were enough staff to ensure people received the care and support they needed as staff were recruited to meet a person's care needs. Staff were safely recruited, well trained and supported by a dedicated team of office staff. There was also a 24 hour on call support.

The registered manager and staff placed emphasis on person centred high quality care. There was an open culture which was inclusive and valued people and their individuality. Staff were aware of their roles and responsibilities.

There was a comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service provided.

The provider and registered manager attended forums and worked with local community groups and projects. This meant that best practice could be shared, and on-going learning was facilitated.

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

Rating at last inspection

This service was registered with us on 04/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Compass Homecare

Detailed findings

Background to this 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 was carried out by one inspector.

Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 January 2020 and we visited the office on the 21 January 2020.

What we did before inspection

We reviewed information we had received about the service, including information provided at registration. The provider was not asked to complete a 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 of this information to plan our inspection.

During the inspection

We spoke with one person and one relative by telephone to find out about their experience of the care provided. We visited the office and spoke with the registered manager, provider, care supervisor, office

administrator and three care staff. We reviewed a range of records. These included three care records, three staff files and records relating to the management and day to day running of the service. We looked at care and medication administration records and daily notes completed by care staff in people's homes.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found and reviewed further evidence sent by the registered manager. We telephoned and spoke with one person using the service and one relative. We received feedback by email from a health professional who works at the service and two further care staff.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe being supported by the service. People were safeguarded from abuse and neglect. Staff understood what actions to take to protect people and all staff received training on how to raise concerns. Staff told us they would raise any concerns immediately with the registered manager and they were confident that appropriate action would be taken immediately. The registered manager was clear about the actions to take in the event that any concerns were reported or identified.
- Accidents and incidents were responded to appropriately to ensure people's safety was maintained. If required referrals would be made to other agencies and notifications to CQC completed.
- The registered manager told us there were ongoing reviews of all areas of the service and care delivery, to ensure any lessons learned could be taken forward as the service continued to develop and grow.

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported people's safety and welfare. Assessments were in place to identify risks from people's care, their home environment and the health conditions they were being supported with. Assessments included information on all identified risks. For example, one person had clear guidance in place regarding their nutrition and how risks should be minimised. This included actions to take if any issues were noted.
- Care plans and risk assessments were updated regularly, as changes occurred frequently due to people's complex needs. People with specific health conditions had relevant information and guidance available for staff, including details of all other healthcare professionals involved in the persons care to ensure continuity of care at all times.
- Changes in people's needs were circulated to staff by telephone or via the office. All updates or changes were immediately available. Staff were aware of how to report any changes to people's needs and could call for additional support from the office at any time, and we saw examples in care records of when this had taken place.
- The service helped people to live well at home and reduce risks to their health. The service worked closely with a number of organisations and agencies to improve care and reduce risk. This included the Stop, Look, Care project devised by Brighton & Hove Commissioning Group. Stop, Look, Care 'Supports care workers/carers working across Health and Social Care to feel confident that they have reached the right level to provide the care they are giving. Alternatively, it can be used as a reference guide for families and personal assistants to promote awareness of certain needs and encourage a referral if concerns are identified.'

Staffing and recruitment

- Staff were recruited to meet people's packages of care. There were enough staff working at the service to

ensure people received the care and support they needed.

- The provider told us they would only agree to provide care to people if they had enough staff to do so. This could mean a delay of one week to four weeks to ensure appropriately trained staff were in place to meet an individual's needs.
- People's visits were planned, and people received a rota of visits to ensure they were aware who was visiting and when. Staff were always introduced to people before they provided care, and people never received visits from an unknown carer. People told us they had regular carers and always knew who was visiting them, this ensured continuity of care.
- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.
- People told us staff were punctual and stayed for the allotted time. If staff were delayed, people told us they were contacted by telephone. The provider informed us that there had been no missed visits and agency staff were not used. The service had a 24 hour on call system available to support people and staff should an issue or emergency arise. We heard of instances when this had been used to help people in crisis.

Using medicines safely

- Staff received medicines training and had competencies assessed regularly to ensure medicine practices continued to be safe and accurate. No medication errors had occurred, however, if any errors did occur these would be reported to the office and appropriate action taken.
- Where people received medicines as a part of their care support this was done safely. Where people were administering medicines independently, risk assessments were in place to ensure this remained safe.
- Medicine administration records (MAR) charts were completed by staff for each administration. All medication records were reviewed by the registered manager when returned to the office to ensure safe procedures were maintained at all times.

Preventing and controlling infection

- Risks around the prevention and control of infection were well managed. Staff had received infection control training, and food hygiene training. These were regularly updated. Staff told us they were aware of the risk to people who had complex healthcare needs and reiterated to us that infection control was of paramount importance and prevention of the spread of infection was taken very seriously.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available for staff to use when they supported people. One person who was at significant risk if they became unwell, had face masks available at their home for staff and themselves to wear to prevent the spread of infection. The service had a 'no sniffles' policy. The registered manager told us if staff suspected they may be unwell then they did not visit people. The provider, registered manager and care supervisor were able to pick up visits to ensure people's care and needs were met.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and a detailed care plan written before people started to receive support from Compass Homecare.
- Staff were introduced to the person and supported to deliver care by senior staff until they felt confident to do so themselves. All staff providing a person's care were required to read and familiarise themselves with the care plan. A copy of this was kept in the person's home and a duplicate copy kept in the office.
Staff support: induction, training, skills and experience
- People received care and support from a consistent core group of staff who knew them well and understood how to support them. Staff turnover was extremely low, this meant continuity of care was maintained as staff had the training and experience required to meet people's needs.
- The service regularly carried out spot checks and supervision of their staff to ensure best practice was followed at all times. This included weekly spot checks for the first four weeks, leading to ongoing monthly checks thereafter.
- Care staff who were new to care when they started working at Compass Homecare told us they received excellent support and training. All staff completed the Care Certificate, The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff told us training provided ensured they had all the knowledge and skills needed to meet people's complex physical and emotional needs. If a care need was identified, to meet a new health care need, full training would be sourced and provided to staff. For example, staff had recently received Autism training to ensure they had a thorough understanding of this condition.

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

- When supporting people with food and fluids was part of the care package being provided, people received the support they needed.
- For people with identified risks in relation to their nutrition, detailed instructions and guidance were in place for staff to ensure they were able to meet people's needs. When nutritional risks were identified the service worked closely with other health professionals.
- When appropriate people had been referred to Speech and Language Therapy (SALT) and specialist guidance was in place regarding their nutritional needs. SALT guidance was being followed by staff.
- Staff worked closely with people to ensure meals provided were varied and appetising. One person had nutritional guidance in place. This identified some limitations in the types of food they could eat. Their relative told us that staff had taken it upon themselves to come up with recipes that the person could enjoy, which met the guidance without meaning that the person was unable to eat foods they enjoyed. Some staff

even made recipes at home and bought tasters for the person to try. If they enjoyed the meal staff would buy the ingredients so that the meal could be made in the persons home.

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

- People were supported to lead healthier lives as the service worked closely with other healthcare services. This included the mental health team, district nurses, GPs, SALT, occupational therapists, tissue viability nurse and other clinical and non clinical specialist teams involved in people's care.
- Referrals to other agencies were made promptly when required. For example, staff liaised directly with the district nurses who visited a person daily, staff ensured the person was supported appropriately for the treatment to be given. If people were admitted to hospital the service liaised closely with the hospital team to ensure any changes to the person's support needs could be implemented on their discharge home. Information was available to be given to other healthcare professionals to ensure they were aware of people's medical and support needs.
- Staff had access to relevant guidance and protocols which were reviewed and updated to ensure information remained current and relevant. All care provided followed current best practice guidance.

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

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

People can only be deprived of their liberty to receive care and treatment 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 registered manager told us that people using the service had full capacity and were able to make appropriate choices or decisions. The registered manager had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the process to follow should it be needed.
- Staff understood mental capacity and that people had the right to make their own decisions. All staff received mental capacity and DoLS training.
- People's consent was gained before care was provided and people had signed to show they had consented to the information recorded in their care documentation. People told us, "Staff always ask me how I want things, they ask me before they do anything, it's my choice, they always listen." Relatives spoke highly of the way staff ensured that people's choice and involvement was always considered, and staff worked collaboratively with people to meet their needs in the way they chose.

Is the service caring?

Our findings

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

- People told us staff were highly motivated and keen to support people to the best of their ability. One relative said, "From the manager, down to the girls who visit, they all treat [name] very well. They go out of their way to make [name] life better. Their condition demands a lot of understanding, knowledge and patience, their needs are complex, but staff are just willing to put in the effort."
- Treating people with dignity and respect was part of the culture and values of the service, this was apparent from how records were written, feedback we received from staff and from what people told us. Staff spoke positively about their role and the people they cared for, telling us, "The support and management here is amazing. I love my role and the people I care for and making a positive difference to people's lives."
- Staff understood people's needs. When an incident had occurred, and a person had become distressed, staff responded with professionalism, following guidance in the person's care records. Actions taken ensured the person felt supported and secure and enabled them to accept staff support. Staff told us having the right information and guidance regarding triggers for behaviours and actions to follow meant they were able to provide a high level of consistency when situations arose.
- Staff were motivated to provide high quality individualised care. People told us how staff from Compass Homecare had a positive impact and made a big difference to their lives. One person had recently moved into their own home and with support was able to live more independently. They told us, "Every little thing they can do to help me, they do it. If I have needed medical things or help, they have been able to arrange it. If I get upset, they understand how to settle me."
- People valued the relationships they had formed with staff. One said, "Staff are like friends, I trust them, and they are there for me." The registered manager told us, "We support people when they need us, we put people first." The registered manager was on call and available to speak to people when needed. They visited people at times of distress or spoke to them on the telephone and supported them at meetings when asked to attend.
- The service currently provided care for a small number of adults and older people. The registered manager and provider were clear this continued level of care and support would be priority as the service developed. Care was tailored to the individual to ensure support was provided in a consistent manner. For example, one person with complex mental health and physical needs, had a number of healthcare teams involved in their care. Compass staff liaised and worked together with these teams to provide a consistent message and support to the person, attending further training to gain insight and understanding of their mental health and physical needs. Staff told us, "Meeting and learning from the other teams has been invaluable, we can share experiences and improve care going forwards."
- People had been involved in all aspects of their care package and how it was provided. The registered manager told us, "People have lived with their health conditions for a number of years and have adapted their own way of doing things which they explain to us, we respect their preferences and choices. Attention had been paid to small details about how people wanted their care provided. This not only included specific guidance to meet care needs, but personal details about the specific way people liked to do things in their own home, things that were important to the individual that others might take for granted for example,

supporting people to have privacy when they chose. People told us this understanding of their needs and wishes made a big difference to their lives, and ensured they felt valued and their wishes were appreciated.

- Staff were sensitive to people's mood and need for reassurance and support during times of distress and anxiety. They knew what to do and this had been planned for. They recognised when people were becoming distressed or unwell at an early stage and offered support and care. A relative told us how a person's disability and health needs meant that when they became unwell they never quite returned to their previous level of health. "Each time there's a shift in her health, the manager is ready for it. The continuity of care is there, and they are able to meet her needs when there are changes."

- A relative told us, "Even now when [name] is poorly, staff are working hard with them to support them, to try and prevent them from having to go into hospital. They stay so positive and offer a lot of support. It helps that they understand her conditions."

- All the people, relatives and staff we spoke with gave us positive feedback about the supportive and caring nature of the service. People spoke of the quality of the staff and thoughtful support they received. Telling us, "From the initial introduction to the service onwards, it has been great. It's steady, they are on the ball. They take on board what you say, they are inventive. This makes sure things that were a pleasure can continue with a bit of lateral thinking."

- The registered manager told us that staff were recruited to match people's needs and personalities and people had the opportunity to feedback on care staff to ensure they were happy with the care team. A relative told us, "Compass staff are not just providing care, they are part of [names] life. We have used many agencies in the past, but Compass are different, we could not be happier. All staff are introduced, and the team remains the same."

- Staff had found solutions to issues to enable people to lead fulfilling lives. For example, one person who needed support with a complex physical disability told us how staff had adapted an item of clothing to enable them to wear the items of their choice, rather than those provided to support a specific health need. A relative told us, "Staff went away and came back with a really clever and inventive way which meant that [name] could wear nice things. It was real lateral thinking, to make [name] life better, improve their dignity and self-esteem."

- The service showed they made every effort to support people with their interests and hobbies. They took time to get to know people and understand their needs.

- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. A staff member told us how the service had worked hard to ensure they were able to practice their faith whilst working and that their religious needs had been discussed with people with their consent to enable them the time to follow their religious practices.

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

- People's feedback was sought and listened to. The registered manager visited people using the service regularly to ensure they were happy with the care provided and to review any required changes. A relative told us, "They see [name] as a person who is able to make her own choices and decisions, they allow her time to express herself and speak her mind." Regular questionnaires and feedback was requested. People confirmed that they were continually asked for their views and they felt they were listened to.

- People's communication needs were discussed and reviewed as part of the initial assessment. Communication needs were reviewed regularly to ensure any adaptations required to assist people were implemented. Staff told us, "[name] has reduced vision, they have a large TV, we can scan things into the computer and link it to the TV and can expand things, so they can see it."

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

- Care planning was personalised and discussed with people and those caring for them when appropriate. Everyone we spoke with confirmed they had been consulted about the care plan. Telling us, "I had a visit from staff and [managers name] came to see me at home before I started to receive care from Compass." And, "Everything in the care plan and the way care is given is because that's the way I want it."
- People's communication needs were known and understood by staff. Each care plan contained clear guidance to inform staff how people communicated their needs and how staff should engage with them. There were detailed descriptions about each person's personality, their likes, dislikes, and things that may make them anxious or upset including triggers.
- The organisation did not provide care visits which lasted less than one hour. Some visits were considerably longer to ensure people's care and support needs were met. Each person was treated as an individual. Staff adapted their approach from person to person. For example, talking to people about their needs and preferences.
- Relatives, healthcare professionals and care staff were also involved when appropriate and kept updated of any changes. Relatives told us they were kept well informed of any changes and discussions about changing needs. One family member told us, "I get a daily email from the service telling me everything that's happened and to keep me updated, it saves me having to call to check how things are going as I worry. It's so reassuring, and I know [name] is safe."
- Care plans included detail which enabled all staff to provide consistent person centred care. Care meetings took place to discuss any health changes, issues or concerns if they arose. Staff told us detailed daily records were written in the care folder left in the home, this included a page a day diary, separate to people's care notes. Staff could read back and see if there had been any changes or significant events since they last provided care for the person. This ensured staff coming on duty were aware of any changes to care needs, things people wanted to do that day and people's chosen activities. The registered manager told us any urgent changes would be communicated by telephone or in person and were always followed up in writing.

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.

- Care plans identified people's communication needs, this information ensured staff were able to

communicate effectively with people. Communication needs were assessed as part of the initial assessment prior to people receiving care visits from Compass Homecare and reviewed regularly. Staff told us, "You get to know people you care for as you spend a lot of time with them regularly. [Name] struggles with their speech, I was worried I would not be able to understand them, but I just relaxed and listened and now we communicate really well, It's important."

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 and management enabled and supported people to maintain relationships that were important to them. Some people had close relationships with family members. Staff and management knew people's family well and took the time to build relationships with people. They supported people to have regular contact with relatives.

- People had opportunity to access the wider community as hobbies and activity choices were supported. One person told us staff went to the cinema with them, even though the film was one that they themselves would not normally go to see. This enabled people to continue with hobbies and pastimes they enjoyed. Another told us staff understood that music and television helped to ease their anxiety. People told us the staff at Compass Homecare were more than just carers, they were friends and they enjoyed the time they spent with staff.

Improving care quality in response to complaints or concerns

- Compass Homecare had a complaints policy which was made available to people. The registered manager told us they had not received any formal complaints. However, if they did these would be responded to and investigated. Any minor issues raised, or information received which was relevant to a person's care was recorded in a log. The registered manager told us people were able to contact them or ring the office at any time. All minor issues were responded to and addressed to prevent them continuing. Staff were clear of the process to follow if any concerns were raised with them and were confident these would be dealt with promptly by the registered manager. People, relatives and staff all spoke of their confidence that any issues raised would be addressed. One relative said, "If I need to check anything, or if I did have a worry I would not hesitate to ring the manager, they respond promptly when contacted. I have no qualms that any concern would be taken seriously and sorted."

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. The emphasis was on providing person centred, high quality care at all times. Every member of staff we met told us they loved their job and were 'passionate' about providing high quality care and support to people.
- People were very much at the heart of the service. People, relatives and staff told us they would recommend the service to others needing care or looking to work in care.
- There was an open culture which was inclusive, empowered and valued people and their families. The provider and registered manager had a visible daily presence in the service and led very much by example. The provider told us, "We wanted a service that put people first, that did things better. We operate quite differently to many other home care services, we do not do short visits. We train and mould staff to our ethos of one to one care."
- Care documentation was written in collaboration with people to ensure their wishes, expectations and outcomes were met. Documentation was written sensitively and supported ongoing involvement in decision making for people and their families.

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 and registered manager were aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. There was a clear process in place which demonstrated how the service responded to incidents and concerns in line with their legal obligations.
- People told us staff were open and transparent. Communication was excellent, and people and their relatives were kept informed of any changes or issues however minor. A relative told us, "Any issues at all, I can raise with the manager, there are good channels of communication, I've had poor experiences in the past with other agencies, Compass are so open, and they are happy to talk to you." The registered manager was clear that accidents, incidents or concerns would be referred to the appropriate agencies when needed.

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

- The registered manager understood their regulatory responsibilities. Although no reportable issues had occurred since registration, the registered manager was aware of their legal obligation to complete notifications of significant events, such as accidents, incidents and safeguarding concerns to the Care

Quality Commission (CQC) or the local authority, and care teams involved in people's care.

- There was a comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service provided. The registered manager had oversight of the service and ensured that risks were reviewed and identified, and any learning taken forward to ensure people continued to receive a high level of care.
- The registered manager, care supervisor, provider and team leaders carried out competency observations on staff. These were discussed with staff and constructive feedback given.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us they felt supported and part of the team. One said, "Working here so far has been brilliant, the service has got some really good reviews online and so have I, they go above and beyond, that's where I think they differ from other agencies. I am really happy working here, the support from everyone has been amazing."

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

- People's feedback was sought. Service user questionnaires and satisfaction surveys were sent out regularly and used to gain feedback. We saw that all responses received were positive. Information received back was used to inform and improve future practice.
- Regular verbal feedback was also sought from people and relatives to ensure they were happy with the level of care being provided. People told us, "I am in regular contact with [managers name] and the office they are checking that everything is working well all the time." People we spoke with gave only positive feedback and many felt the care provided was of the highest standard. Telling us, "I am close to the manager and the staff, since changing to Compass for my help, the change has been absolutely amazing. They are really good, they listen to me and know how to help me. They are there if I need help, there's always someone to speak to."
- Staff were offered meetings and had regular supervision provided. All staff told us there was a high level of support. One told us, "I am glad to work with such a beautiful company and to be a part of Compass Homecare team."
- Engaging and involving people had been facilitated by activities and staff team building events which took place away from the workplace. A fishing trip had taken place and a staff party.

Continuous learning and improving care; Working in partnership with others;

- The provider and registered manager maintained a good professional relationship with a number of different teams and organisations involved in people's care. This enabled them to support people and work collaboratively with other healthcare teams involved in people's care. For example, the provider had employed a part-time nurse assessor. Their role was 'to provide the input of a clinically trained nurse when planning complex care packages.' They told us, "I really can't recommend this company enough for the highest regard, I have been really impressed during my short time with them."
- The service was 'outward facing' with a strong community involvement. They were supportive of and involved with innovative projects used to improve care, including the Stop, Look, Care Project. This supports care workers/carers working across Health and Social Care to feel confident that they have reached the right level to provide the care they are giving. Alternatively, it can be used as a reference guide for families and personal assistants to promote awareness of certain needs and encourage a referral if concerns are identified. A member of management or staff also attends the Brighton and Hove City Home Care Provider Forum to share best practice and developments within the sector.
- The registered manager and provider had set up an organisation called Brighton Independent Care Association (BICA). This is a small association of independent local care providers. The registered manager told us, "The idea is, that in the spirit of cooperation and trust, rather than cut-throat commercial competition, we create a space in which to share information and ideas to improve the experience of all our

service users and staff." The group exchanged information by text and email and held quarterly meetings.