

Compassionate Herts Ltd

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Inspection report

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Date of inspection visit:
02 November 2023

Date of publication:
01 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Compassionate Herts Ltd is a domiciliary care service providing a regulated activity of personal care to people living in their own homes in the community. At the time of our inspection there were five people using the service.

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.

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

People were cared for by staff who had been recruited safely. There were enough suitably qualified staff available to support people at their preferred times.

Staff had completed safeguarding training and were able to identify potential abuse and knew the reporting process. People had risk assessments completed to help keep them safe.

People were supported to take their medicines at the prescribed times. People were protected from the risk and spread of infection as staff followed current guidance and were provided with personal protective equipment.

The registered manager had systems and process in place to monitor the quality of the service. This included staff competency checks, spot checks and a range of audits.

People and their relatives spoke positively about the care they received, or the care provided to their family members. Staff felt supported by the registered manager.

The registered manager ensured they kept updated on any changes in regulation and their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was good (Published 15 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Please see the Safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Compassionate Herts Ltd on our website at www.cqc.org.uk.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is good. This is based on the findings at this inspection.

Follow up:

We will continue to monitor information 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?

Good ●

The service was safe

Details are in our safe findings below



Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Compassionate Herts Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 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 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 31 October 2023 and ended on 8 November 2023. We visited the location's office on 2 November 2023.

What we did before the inspection

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. We used information gathered as part of our monitoring activity to help plan the inspection and inform our judgements.

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the current statement of purpose, the most recent direct monitoring activity, quality monitoring documents including spot checks and an annual quality monitoring survey. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and two people who used the service. We reviewed three staff recruitment files, two care plans and the training programme. We looked at staff supervision and team meetings. We reviewed medication records and daily log notes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

The service was safe. Systems had been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service.

Staff had completed training in safeguarding, had their knowledge checked and had refresher training annually.

Staff were aware of the reporting process and to report immediately to the manager any concerns.

The safeguarding policy was updated regularly, and staff were required to sign to say they had read it.

Safeguarding was a regular agenda item for staff meetings.

Assessing risk, safety monitoring and management

Care plans contained specific information for staff to follow to keep people safe.

Individual risk assessments were completed to identify any possible risks

Measures were put in place to mitigate any risks identified to help keep people safe.

Any changes to a person's ability would prompt an immediate review of risks. For example, if their mobility changed or they were less able to complete daily living tasks.

One person told us "I feel safe, the service is excellent. I have been supported for five years and have never had a problem."

Staffing and recruitment

Staff were recruited through safe recruitment processes.

We reviewed three recruitment files, disclosure and barring checks [DBS] were completed. Two references were provided and validated. Gaps in employment history were explored. This helps employers make safer recruitment decisions. There were enough suitably trained staff in place to support people at their preferred times.

Learning lessons when things go wrong

Accidents and incidents were recorded and reviewed. For example, if a person had several falls, they would be referred to the GP for further investigation.

Any lessons learnt were shared with all staff to help reduce the risk of a repeat incident.

Using medicines safely

People were supported to take their medicines at the prescribed times by staff who had completed administration of medicines training and had their competencies checked.

Medicine administration records were reviewed monthly to identify any possible errors.

There had not been any medicine errors. The registered manager told us if a medicine error was identified, it

would be investigated, and the staff concerned would be supported with additional training and competency checks.

Preventing and controlling infection

People were protected from the risk of infection by staff who had completed prevention and control of infection training.

Personal protective equipment [PPE] was provided for staff to use in accordance with current guidance. The registered manager was kept updated through Public Health England and updates from Hertfordshire Care Providers Association [HCPA].

The registered manager was working in line with the MCA. People had the capacity to make their own decisions. The registered manager was aware of the process to follow if a person lacked capacity.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. The provider and registered manager had established robust quality assurance systems. This included quality monitoring spot checks and completion of surveys at regular intervals.

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

The registered manager was clear about their role. They demonstrated good oversight and understanding in relation to quality performance, risks and regulatory requirements.

The registered manager completed a range of quality monitoring activities. This included telephone calls and face to face visits to check people were happy with the service.

The registered manager completed audits to help identify any shortfalls and included them in the business improvement plan.

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

The provider and registered manager promoted an inclusive service, which empowered people to be in control of their lives and be the best they could be.

The registered manager had good oversight in relation to equality and diversity. Staff completed equality and diversity training. The registered manager was aware of people with protected characteristics. For example, people were treated as individuals. People religious and or cultural needs were assessed at the initial assessment stage. Carers were matched to people as far as possible from a similar ethnic and cultural background.

People had person centred care plans that they were fully involved in developing. One person told us "Compassionate Herts really does support me and enable me to do things that I enjoy with minimum support".

A family member told us "We have been very happy with the service provided by Compassionate Herts since they were appointed. The same Carer attends each day which has helped to develop a trusting relationship with our family member".

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 demonstrated a good understanding on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong.

The registered manager had a procedure in place to record and report any incident under duty of candor. They understood the need to apologise to all relevant people.

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

characteristics.

People were treated as individuals. People were involved in all aspects of their care development plan and reviews.

One person told us "We know the managers well and have met them several times. They contact us periodically and issued a feedback survey which we completed."

Continuous learning and improving care

Accident and incidents were monitored, reviewed and learning from lessons learnt shared with staff to help reduce the risk of a re occurrence.

The registered manager attended webinars where providers shared good practice examples. This helped to make continuous improvements.

Working in partnership with others

The registered manager demonstrated positive partnership working with a range of professionals and other care providers, sharing ideas, training facilities and utilising a providers support network.

The registered managers told us they worked in partnership with local authorities, healthcare professionals, GP's and district nurses. This joint working was positive for people who used the service.