

Care Compassion Limited

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Inspection report

Suite 43c 4th Floor
Unimix House, Abbey Road
Park Royal
London
NW10 7TR

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We undertook an announced inspection of Care Compassion Limited on the 26th July 2016.

The service was registered with us in December 2015. The services they provide include personal care, housework and assistance with preparation of meals. This was the first inspection of the service. We will not be able to award a rating because, the service had only one person at the time of our inspection, which meant we did not have enough evidence to enable us to form a judgement about the quality of the service for each of the five key questions and rate the service. The registered manager informed us that they had plans to assess another person with the aim of providing them with a service and would continue to develop the service with the goal of providing support for more people in the future.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 using the service and an advocate informed us that they were satisfied with the care and services provided. The person using the service informed us they had been treated with respect and they felt safe when cared for by the service. There was a safeguarding adult's policy and suitable arrangements for safeguarding people from abuse.

The service had procedures for monitoring and managing risks to people.

A person using the service was being provided with the care and support they needed from the registered manager. At the time of the inspection no care workers were employed by the service but two care staff were in the process of being recruited. A senior member of staff who had safeguarding and recruitment responsibilities and an office administrator were currently employed by the service.

A person told us the registered manager was very kind, they were treated with dignity and their privacy was respected. People received some support with their meals and their individual dietary preferences were met.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005. The person who received care told us they were supported to make choices and were involved in all decisions about their care and that their consent was always sought when they were assisted with their care and supported in other areas.

People knew how to raise complaints or concerns and were confident they would be addressed appropriately by the registered manager.

The service was well managed. There were systems in place to carry out checks and monitor the service. The

person using the service told us they were frequently asked for feedback about the service they received.

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. The registered manager and the other staff [no care staff were employed] by the service understood how to protect people from abuse and harm.

Risks to the person using the service were identified and measures were in place to protect people from harm whilst promoting their independence.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed by the service.

Inspected but not rated

Is the service effective?

The service was effective. People received individualised support that met their needs.

People told us they were fully involved in making decisions about the care they needed and wanted.

The non care staff we spoke with told us they were supported and received the training they needed to fulfil their roles and responsibilities.

People chose what they wanted to eat and were provided with the support they needed with their meals.

Inspected but not rated

Is the service caring?

The service was caring. People told us the registered manager was approachable and kind and provided them with the care and support they needed.

People told us their privacy and dignity was respected. The registered manager and other staff we spoke with had a good understanding of the importance of confidentiality and the importance of keeping information about people secure.

People's well-being was supported. They were involved in their care and their views were respected and acted on.

Inspected but not rated

Is the service responsive?

The service was responsive.

The needs of the people receiving care had been assessed and care and support plans were produced identifying the support and care they needed from the service.

People told us they received personalised care that met their individual needs.

People told us care staff provided care and support that met their needs.

People knew how to make a complaint and told us they were confident complaints would be addressed appropriately.

Inspected but not rated

Is the service well-led?

The service was well led. The person using the service knew the registered manager well and spoke positively about her and the service they received.

Staff [currently non-care staff] were supported by the registered manager and told us they could raise issues and queries to do with the service at any time and they would be responded to appropriately.

There were systems in place for monitoring the service and to make improvements when needed.

Inspected but not rated

Care Compassion Limited

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.

The inspection was carried out by one inspector. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us.

Before the inspection we looked at all the information we held about the service. This included the assessment report carried out by us when we registered the service and all other contact the service has had with us.

During the inspection we went to the head office and spoke with the registered manager. Following our visit we spoke with the person who used the service, an advocate, the office administrator and a senior member of staff.

We reviewed the care records of the person who used the service, and looked at the records of two members of staff and other records including policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People receiving care told us they felt safe when being supported with their care. One person said, "I feel safe when [registered manager] is here. I trust her. I am not at risk"

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Information about safeguarding and whistleblowing procedures were displayed in the office and staff received an employee handbook when they started work which included information about safeguarding people from abuse and keeping them safe.

The service had employed a member of staff who was the lead in safeguarding matters. She was knowledgeable about safeguarding adults and the action that needed to be taken in response to an allegation of abuse, which included reporting allegations of abuse to the registered manager, local authority safeguarding team, CQC and police. The registered manager told us she had recently completed refresher training in safeguarding adults.

The service had arrangements for health and safety checks of the home of a person using the service to ensure staff were working and caring for the person in a safe environment. Risk assessments had been carried out and recorded in the person's care records. The assessments covered a range of areas, such as the physical environment, safety and security at home. The person using the service was fully mobile but could still be at risk of falling. The registered manager told us she would develop a falls risk assessment for the person and keep it under regular review.

The registered manager knew the importance of regularly reviewing people's risk assessments including risk assessments of people's home environment and to address issues with the person using the service when any health and safety concerns were found. Copies of risk assessments were kept at the person's home and in the office to ensure care staff were able to access them as required.

The service had emergency procedures which included an emergency evacuation procedure for staff to follow if they were in the office at the time of an emergency, such as fire.

The staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Arrangements were in place to report and manage incidents and accidents. At the time of the inspection there had been no incidents or accidents. The registered manager told us she would had a system in place to review all incidents and to make sure appropriate action was taken to minimise the risk of other similar events.

At the time of the inspection the registered manager was providing the care and support the person using the service needed. The registered manager told us she was in the process of recruiting two care staff who would assist her in providing people with personal care. The person using the service told us that the registered manager always arrived on time, was reliable and provided them with the support they needed.

The service had an accessible comprehensive medicines policy. The registered manager is a registered nurse trained to administer medicines as part of nursing duties. She told us she would ensure all care staff received comprehensive medicines training and competency assessments before they administered medicines or prompted people to take their prescribed medicines. The registered manager showed us a medicines competency assessment form she was in the process of reviewing and developing to meet the needs of the service.

The registered manager told us the person using the service only required prompting to take their 'daily' prescribed medicines. We saw records of when a person had been administered a pain relieving medicine when this had been needed by them [prn medicine]. Records did not show detailed guidance for supporting the person with this prn medicine. The registered manager told us they would develop prn medicine guidance so that care staff always knew the support they needed to provide to a person receiving medicines that they did not have regularly.

The service had an infection control policy. Disposable gloves, aprons and other protective clothing and hand sanitiser gel were available for staff to use when required.

Is the service effective?

Our findings

A person told us they were very happy with the service they received. They told us they felt the registered manager was very competent and provided them with the care and support they needed. They told us "[The registered manager] comes here on time, and knows what she is doing."

The registered manager was a registered nurse and records showed she had achieved a range of professional qualifications and completed a range of relevant training appropriate to her role and responsibilities. She told us she was currently completing Qualifications and Credit Framework [QCF] level 5 Diploma in Leadership for Health and Social care. This showed that the registered manager was maintaining and developing her knowledge and skills to enable her to manage the service well. The registered manager told us she enjoyed learning and training which she said "Advances my thinking and improves my knowledge."

No care staff were employed at the time of the inspection although two were in the process of being recruited. The registered manager told us that new care staff would all complete the Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers. She informed us that she had completed appropriate training so she could monitor and assess care workers during their completion of the Care Certificate induction. We spoke with the office administrator who told us they had received a comprehensive induction which had included learning about the organisation and their job role. The registered manager told us all new staff were provided with an employee handbook containing details about the organisation, values, confidentiality, policies and other information about the service that staff were required to know.

The registered manager told us and records showed she had completed a range of recent training in a range of areas; including mental health, fire safety, management and appraisal, equality and diversity and confidentiality. She told us that she had registered the service with a training organisation and care staff would all complete a range of training relevant to their role and responsibilities, which would include safeguarding adults, moving and handling, first aid, health and safety and infection control. She told us specific training would be available to meet people's individual needs such as diabetes and epilepsy training, and staff would be supported to achieve qualifications relevant to their role. The office administrator told us they had received the training they needed which included health and safety, fire safety and information governance training which included learning about the safe keeping of records and other data. Certificates confirmed this. The administrator told us that there were plans for her to receive further training including basic first aid. The registered manager told us there was a training room available within the office building which could be hired for any face to face practical staff training including moving and handling training.

The staff we spoke with told us they felt well supported by the registered manager. They told us the registered manager was always available for advice and support and open to suggestions about developing the service. Records showed that a member of staff had received regular one-to-one supervision with the registered manager during which the person's job role, safeguarding, recordkeeping, emergency

procedures, timekeeping, communication, personal development and training needs were discussed. The person's supervision records showed action had been planned and carried out to meet the member of staff's needs. The registered manager told us she would carry out appraisals of staff performance and development when they had been employed for several months.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. The registered manager was very knowledgeable about the MCA and of its implications for people using the service and staff. She told us a senior member of staff had in past employment had a significant working role to do with the MCA and would be sharing their knowledge and expertise with care staff.

The registered manager told us the person had capacity to make day to day decisions. However, the registered manager was aware of action to take if the person did not have capacity to make particular decisions. A person using the service told us they made all the decisions about their care and support and said the registered manager always asked them for their agreement before helping them with a range of day to day living needs. The person using the service also had an advocate who provided them with support in decisions about their lives.

The registered manager told us people were supported to eat food and drink that met their needs and preferences. They told us about the particular dietary preferences that a person using the service had and that they prepared meals occasionally for the person. A person using the service told us they were always asked what they wanted to eat when a meal was being prepared by the registered manager. The registered manager told us she would include more detail in the person's care plan about the person's nutritional needs and preferences so care staff would be fully informed about them and would understand the support the person needed with their meals.

Is the service caring?

Our findings

People told us they were satisfied with the care and support they received. One person told us the registered manager was kind and treated them with respect when assisting them with their care needs. They told us they were very happy with the service they received and said "[The registered manager] is very respectful. She listens and talks with me."

A person using the service told us they were called by their preferred name and were involved in all decisions about their care. They confirmed they had been asked about the support they wanted from the service and how they wanted it to be delivered. The registered manager told us about how they made sure people were always consulted about all decisions to do with their care and support.

The registered manager told us about the importance of continuity of care provided to people by care staff. She informed us that she would make sure that people received care from mainly one care worker so they would be very familiar with the person's needs and would promote a positive relationship between the care worker and the person using the service. Currently one person received support with their care needs from only the registered manager. This showed there was consistency of care, which was confirmed by a person using the service.

The registered manager told us that when care staff were employed she would complete spot checks on care staff to ensure they supported people in a respectful and professional way.

A person using the service told us that their privacy was always respected and their dignity maintained when being assisted with personal care. They told us the registered manager was good at time keeping which was important to them.

Staff we spoke with had a good understanding of the importance of confidentiality. The service had a confidentiality policy. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. Records were stored securely electronically and in a lockable cabinet in the agency's office.

The registered manager had a good knowledge of equality and diversity. Staff we spoke with were aware of the need to respect people's diverse needs, culture and choices. A person's care plan showed they had been asked about their preference regarding the gender of the person providing them with care and support and this had been accommodated.

The registered manager told us no one was currently receiving end of life care.

Is the service responsive?

Our findings

A person using the service told us they were listened to and were provided with the care and support they required and called by their preferred name. They told us "[The registered manager] asks if I am happy with things. I am sure she would deal with complaints well." An advocate told us the service was working well and that the registered manager understood a person's individual needs well.

During a home visit before starting the service records showed people's individual care and support needs were comprehensively assessed by the registered manager with people's involvement and/or their relative's/advocate's participation depending on the person's needs and wishes. People received a copy of their assessment and care plan. The registered manager said that she would make sure when care staff were employed that they always 'shadowed' her when she supported a person with care prior to them carrying out the care on their own, so that they understood the level and nature of care required by the person although we could not check on this at the time of the inspection.

A person's care plan outlined the person's needs and the support they required from the service. It showed the person and their relative had been involved in the development of the care plan and in decisions about the support they wanted and required to meet their individual needs. Although the care plan included information about the care and support the person needed it did not include detailed step by step guidance for care staff to follow when completing each care task. The registered manager told us she would ensure this guidance was put in place for the person and for future people using the service, which would make sure care staff knew what they were expected to do during each visit.

The registered manager told us care plans were kept under review, updated regularly and when the person's needs changed. The care plan we looked at had only recently been put in place as the person had recently started receiving a service. We found that the person using the service had been given a file which contained details of their care plan as well as information about the service. Records of each visit included detail about the care and support provided, so there was up to date information available to staff about the person's current needs and progress.

The registered manager provided us with examples of how she had been flexible and responsive in accommodating a person's needs to ensure the person received effective care and support. A person using the service confirmed that the registered manager was adaptable and provided them with the support they needed in the way that they wanted and when they wanted.

There was a complaints policy. A person told us they had no complaints but would feel comfortable raising issues and concerns and were confident they would be addressed appropriately. The complaints procedure was included in the information given to people when they started receiving care. At the time of our inspection the service had not received any complaints.

The registered manager told us she received on-going feedback from a person whilst providing them with care and support. She showed us feedback questionnaires that she planned to give to people using the

service, stakeholders and others when a service was being provided to more people. The questionnaires were in picture and written format so people who might have difficulty reading could provide feedback about the service if they wished. The registered manager told us she also intended to carry out telephone surveys to obtain people's views about the service.

Is the service well-led?

Our findings

Information about the service provided by the registered manager, feedback from staff, the person using the service and a range of records indicated the service was managed well. A person using the service told us they would recommend the service.

The service had an up to date statement of purpose, which provided detail about the services it provided. The service also had a mission statement which included the core values of companionship, respect, integrity and quality.

The registered manager told us she keeps up to date with information about best practice and from the host local authority about issues to do with the local area and services, and had recently attended a provider's forum hosted by the local authority.

People using the service were provided with a copy of the service user guide which contained information about the organisation, its aims and objectives, staff, complaints, services and facilities. The registered manager told us that this document was available in large print and in other languages if this was required by people.

There was a clear management structure and staff were aware of their role and responsibilities. Staff we spoke with told us the registered manager was approachable, supportive and encouraged them to speak freely about the service and raise any suggestions to do with the development of the service. Staff told us the registered manager was available to speak with them at any time, and they were kept informed about matters that affected the service.

We spoke with the registered manager about the checks they planned to carry out to make sure the service was delivering high quality care. They told us they had experience of carrying out a quality assurance assessor role in another job role. They spoke about the regular audits they would carry out to monitor the quality of care and other aspects of the service including health and safety and infection control. The registered manager told us these audits would identify any areas where improvements to the service were needed and these would be addressed. The registered manager told us the checks carried out for example of incidents and accidents would identify any trends or patterns so action could be taken to minimise the risk of them occurring again and ensure lessons were learnt from the outcome of investigations and practice improved. Records showed regular environmental safety checks of the office were carried out.

The registered manager told us that when she had care staff employed by the service she would carry out regular 'spot checks' where care staff would be observed by the registered manager when providing care and support to people. She told us she would assess and monitor staff's performance in all areas of their role including punctuality, record keeping and engagement with people they were supporting to ensure people were being provided with a good quality service.

The service had policies and procedures which were specific to the service and provided the framework and

information needed meet legal obligations and promote best practice. We looked at a sample of policies including the safeguarding, complaints and medicines policies and found they were relevant and applicable to the service. Records showed the service had up to date employer's liability insurance and a current comprehensive business plan.