

Compassionate Healthcare Limited

Compassionate House

Inspection report

177 Uttoxeter Road
Draycott
Stoke-on-trent
ST11 9AB

Date of inspection visit:
15 May 2019

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10 June 2019

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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection took place on 15 May 2019, and was carried out by one inspector and one assistant inspector.

Service and service type:

Compassionate House is a 'care home'. People in care homes receive accommodation and nursing care or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Compassionate House accommodates up to six people in one adapted building. The home is set out over two floors and there is a large communal area and dining room and a kitchen. There is a private garden to the rear and to the front of the property.

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:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed the information we held about the service. We looked at the Provider Information Return (PIR). This is a document that the provider sends to us to tell us about key information about the service such as what they do well and any improvements they plan to make. We considered other information we held about the service. This included notifications about events that had happened at the service, which the provider is required to send to us by law such as deaths and serious injuries. We used this information to help us formulate our inspection plan.

During the inspection we spoke with one person. We observed the care and support people received in the communal areas to assess how they were supported by staff. We spoke with two members of care staff, the care coordinator and the registered manager.

We looked at two care files and reviewed records that related to the management of the service such as audits, records of accidents and incidents and complaints. We looked at the way medicines were managed.

After the inspection visit we spoke to one relative on the telephone.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Compassionate House

Detailed findings

Background to this inspection

About the service:

Compassionate House is registered to provide accommodation for up to six people who require personal care and may have learning disabilities or mental health needs. At the time of our inspection, there were two people using the service.

People's experience of using this service:

People were safe living at Compassionate house because staff understood their responsibilities in identifying abuse and managing risk.

People were supported by a team of suitably skilled staff who knew people's needs well. People were supported to live as independently as possible and were given choice and control over their lives.

People were treated kindly.

People's healthcare needs were managed well, and timely referrals were made to relevant health professionals. People and their relatives were involved in the way the service was run and staff spoke highly of the registered manager.

The provider had systems in place to check the quality of the service provided to people. The registered manager was keen to make further improvements to promote good and positive outcomes for people.

Rating at last inspection:

This was the first time the service had been inspected since registering with the Care Quality Commission in 2018.

Why we inspected:

This was a planned inspection based on the date the service was registered.

Follow up:

We will continue to monitor the service through information and intelligence we receive and will re-inspect

in line with our inspection programme.

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

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- Staff knew how to identify different forms of abuse and were confident in being able to report any concerns.
- One staff member told us, "I have completed on-line safeguarding training and will be doing some face-to-face training too. I would report any concerns to the management and document my concerns."

Assessing risk, safety monitoring and management

- Risk assessments were detailed and guided staff to care for people in a safe way to reduce the risk of avoidable harm.
- Staff knew people well and could tell us what actions they would take to protect them.
- People were involved in developing their risk assessments and staff promoted positive risk taking for people.
- People had Positive Behaviour Support (PBS) plans in place. PBS is an approach used to support behaviour changes in an adult or a child with a learning disability. The plans identified 'triggers' for specific behaviour patterns and contained information on preventative measures to reduce the likelihood of challenging behaviours occurring.

Staffing and recruitment

- The provider had safe recruitment procedures in place. Staff were subject to a Disclosure and Barring Service (DBS) check before commencing their employment. The DBS check helps to prevent unsuitable adults working in the home.
- Staff told us that they felt there were enough staff to meet people's needs. Where people required additional supervision and support, this was provided in line with people's assessed care and support needs.

Using medicines safely

- People received their medication on time and in a safe way.
- Medicines were stored and administered in line with good practice guidance.
- Written protocols were in place for people who needed 'as required' medication. When required medicines are prescribed to be given only when needed. For example, for the treatment of pain.

Preventing and controlling infection

- The provider had an infection control policy in place.
- Staff followed the infection control procedures and wore Personal Protective Equipment (PPE) such as

disposable gloves and aprons. This meant that people were protected from the risk of the spread of infection.

- The home was clean and odour free.

Learning lessons when things go wrong

- The registered manager kept a log of accidents and incidents to ensure that actions were taken to prevent the likelihood of a reoccurrence. For example, where there had been an incident in relation to medication, the registered manager ensured they undertook a full investigation to determine what went wrong and shared learning with the staff and other members of the management team.

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

Good: 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

- A pre-admission assessment was carried out before people moved into the home. This gave the provider the opportunity to consider whether they could effectively meet people's care and support needs.
- Staff read care plans and used the information to help them support people. One staff member told us, "I was given the time to read through the care plans before I started work at Compassionate House." The registered manager said, "All staff are required to read through people's care plans and they sign to say they have done so."
- The registered manager reviewed care records on a monthly basis and updated people's care plans as their needs changed.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction as part of their training programme. An induction is a process to support new staff in their role.
- Staff received training to develop their skills and knowledge. The registered manager kept an electronic training matrix that identified when staff training was due.
- Staff received individual support through supervision sessions. A staff member said, "When I first started, I had very regular supervisions, at least weekly. Now I have them monthly. The registered manager tells us if there are things we could improve on and we are recognised for doing a good job."

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

- People were supported to have their nutritional needs met.
- Where people had specific dietary needs, referrals were made to Speech and Language Therapy (SALT) to obtain further advice and support.
- People were given choice at mealtimes. Menus were planned with people and people shopped for their own food. When people chose alternatives to the planned menu, this was catered for.
- The registered manager said, "We take people out shopping and we ask people what they would like to eat. It's their [people's] home and we treat it as such."

Staff working with other agencies to provide consistent, effective, timely care

- When people required support from other professionals such as SALT, social workers and psychiatry services, referrals were made in a timely way.
- Staff worked well together. One staff member told us, "We can always ask each other for support."

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare. On the day of our inspection, we observed people accessing hospital appointments for routine health checks.
- People had hospital passports in place. A hospital passport is a resource for people with learning disabilities or communication needs. It is designed to help communicate the needs of the person to hospital staff so they can treat people in the most effective way.

Adapting service, design, decoration to meet people's needs

- The design and décor of the premises met people's needs.
- People were encouraged to bring in their own belongings to create a homely environment and atmosphere.
- The provider had recently adapted a downstairs bathroom to meet the needs of a person who experienced mobility issues.
- There were plans in place to develop and landscape the outside areas. The care coordinator said, "We are doing the garden incrementally so as more people move into the home, they too can have a say on how they would want the garden to look in line with their choice and preference; there is enough space for all six people to have their own bit of garden."

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People were encouraged to make their own choices and make decisions for themselves. Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- We checked whether the provider was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a staff team who were kind and caring. We observed staff interacting with people and people were responding with smiles and laughter. There was friendly banter and conversation between people and staff.
- We observed one person displaying signs of distress and emotion as they recalled a recent medical procedure. Staff reassured the person by using distraction techniques and using appropriate body language and touch. The person soon became calm and started to show signs of happiness.
- A relative told us, "Everyone is so nice, and they have [relative's name] best interests at heart."
- The provider took into consideration people's protected characteristics under the Equality Act 2010 such as race, religion and sexual preference and this was documented within assessment and care planning documentation.
- The care coordinator said, "We are very passionate about promoting equality and diversity not just for people who live here but for our staff too." The care coordinator shared details of how they supported staff to meet diverse needs. For example, the provider had adjusted rotas so staff could observe the holy month of Ramadan.

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

- The provider encouraged people to take an active part in making decisions about their care. The registered manager told us that people were encouraged to take part in review meetings and were regularly asked about their care needs. One person said, "I am having a meeting with [registered manager's name] and my social worker here soon. I will tell them if I am happy or want things to change."
- Staff had keyworker roles and spent time with people getting to know them in order to provide positive outcomes for people.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible whilst having their dignity and privacy preserved. One staff member said, "If we know people can do things for themselves, we let them. I will stand out of the way when people are attending to their own personal care needs. I am there to help as needed but it also gives people the privacy they want and need."
- A staff member told us "I treat people as I would my own family".
- People spent their leisure time as they wished. We observed people resting privately in their bedroom and staff respected the wishes of that person.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were person-centred. Person centred care focuses on the needs, wishes and preferences of the person rather than the needs of the service and places the person at the forefront of their care.
- Care plans contained information about people and what was important to them. Care was delivered in line with these care records.
- Staff knew people well and they told us about what was important to people, their likes and dislikes and told us how they helped support them in line with their preferences.
- A relative told us, "The staff take their time to get to know [relative's name] likes and dislikes and they [staff] take them to where they want to go, like to the farm. Sometimes, [relative's name] will ask to go to church and staff will always accommodate this."
- Staff used the information they knew about people to plan activities and daily outings. For example, one person enjoyed dancing so was supported to attend a disco.
- The provider understood their obligation to meet the Accessible Information Standards (AIS). This meant that people with a disability or a sensory loss were given information in a way that they could understand.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- At the time of our inspection, the provider had not received any formal complaints. The registered manager said, "We will always be sincere and respond to people and always in line with our policy".
- A relative we spoke to told us, "I am aware of the complaint procedures which were explained to me when [relative's name] was first admitted. I know very well how to complain if needed. If there are any incidents, staff are transparent, and they will let me know"

End of life care and support

- At the time of our inspection, no one using the service was in receipt of end of life care.
- People had their end of life wishes planned for where appropriate and this was recorded in care files.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider promoted an open and inclusive culture within the service. The registered manager told us, "We don't do a one size fits all and we design our care to meet individual needs."
- Relatives and staff spoke highly of the registered manager. One relative said, "[Registered manager's name] is very approachable, and if they cannot speak to me right away they will always return my call. They will call me to tell me if there has been an incident but also just to say that [relative's name] has had a good day. If there is anything we need to know they will always keep us informed".
- A staff member told us, "The registered manager is good, I can talk to them and they listen." Another staff member said, "The management are experienced and approachable."
- The registered manager understood their responsibilities under the Duty of Candour, that is to be open and honest when things went wrong. The registered manager said, "We disclose everything. We are honest and open if things go wrong. We would be completely transparent with people, their relatives, staff and the relevant authorities." The provider had not been required to respond under the Duty of Candour to anyone at the time of our inspection.

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

- Staff we spoke with were clear about their roles and there was a clear staffing structure in place.
- The care coordinator was undertaking management training and one member of staff was training to become a senior care worker which, would allow them to take on more responsibility within the home.
- The registered manager understood their registration requirements and acknowledged they were continually learning and developing their knowledge about the regulatory requirements.
- Monthly audits were completed to monitor the quality and safety of the service. The records we viewed included audits of medication practices, the safety of the environment, accidents and incidents, staff files and care plans. Action plans were put in place to address any identified shortfalls.

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

- People using the service engaged with management and staff on a daily basis.
- Staff had team meetings which were used to discuss ways in which the service was run and relatives were asked for feedback through a questionnaire. The care coordinator told us that there was future plans to collate feedback from professionals as the service grew and said, "As we are so new, we wanted to see what areas we could build upon and further improve but we will be asking relatives and agencies for feedback."

Continuous learning and improving care

- The registered manager had a positive approach to learning and development and used best practice initiatives to drive improvement through the service.
- Appraisals were to be introduced once the service had reached its first annual milestone. Appraisals would be used to measure staff progress and development and award recognition where required.

Working in partnership with others

- The registered manager and the staff team had established good working relationships with other professionals and agencies to enhance the quality of care that people received.
- Community links had also been established. For example, the care coordinator had liaised with a local company to source garden furniture and the provider had become familiar with the people at the local church and taxi company as they were both utilised to support people and meet people's needs.