Compassion First Care Ltd

Compassion First Care Ltd

Inspection report

Unit 3, Studio 3
Silverdale Enterprise Centre, Kents Lane, Silverdale
Newcastle
ST5 6SR

Tel: 01782437676
Website: www.compassionfirstcare.co.uk

Date of inspection visit:
03 May 2019
20 May 2019

Date of publication:
13 August 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Compassion First Care Ltd is a care at home service that was providing personal care to seven people at the time of the inspection.

People's experience of using this service:
At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in good governance.

Risks were not always assessed and planned for. For example, some people were identified as having a risk of choking. There was no evidence that staff were following health professional guidance in relation to choking risk, which meant there was a risk people weren't appropriately supported.

Medication administration records were not fully completed. This meant there was a risk that people's medication would not be effectively monitored.

People's needs were assessed however, care plans were not sufficiently detailed. This meant that staff may not have the guidance to provide care for people in a way that was effective.

People told us they were happy with the way support they were supported to eat and drink. However, where people were on specialist diets but chose not to follow this diet, the guidance given to staff was not always followed.

The provider was working within the principles of the MCA, people and staff told us that they asked for consent before undertaking personal care tasks. MCA documentation was in place; however, it was not always been used effectively.

Governance systems required strengthening as systems in place did not identify areas where quality and safety were being compromised.

Systems were in place to protect people from potential abuse.

The provider safely recruited staff and people were protected from the risk of cross infection.

People told us they were treated with kindness and respect by the carers and were involved in making decisions about their care.

People told us they knew how to complain, and that staff knew their likes and dislikes. The service had systems in place to record people's end of life wishes.

People told us that the registered manager was approachable.

Rating at last inspection: This was the services first inspection since registering with CQC.

Why we inspected: This was a planned inspection based on our inspection schedule.

Enforcement: Action we told the provider to take can be seen at the end of the full version of the report.

Follow up: We will continue to monitor this service with the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led

Details are in our well-led findings below.

Compassion First Care 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. 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 was carried out by one inspector.

Service and service type:
Compassion First Care Ltd is a care at home service. They provide personal care to both older people and younger adults who may be living with dementia and physical disabilities 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:
This was an unannounced inspection.

Inspection site visit activity started on 3 May 2019 and ended on 20 May 2019. We visited the office location on 3 May and 10 May 2019 to see the registered manager and to review care records and policies and procedures.

What we did:
Before the inspection we looked at information that the provider had sent us. Providers are required to send us key information about their service, what they do well, and what improvements they plan to make. These are called Provider Information Returns. This information helps support our inspections. We also contacted the local authority for any feedback about people's care to find their views about the quality of the service.

During the inspection we spoke to two people who used the service, two relatives, three care staff, two

health and social care professionals, the registered manager and nominated individual. We looked at three people's care files, two medication administration records, staff recruitment files and other documentation relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
•People and their relatives told us they felt safe with the carers. One person told us, "Yes I do [feel safe]." However, we found risks were not always assessed and planned for. For example, some people were identified as having a risk of choking. There was no evidence that staff were following health professional guidance in relation to choking risk, which meant there was a risk people weren't appropriately supported.
•In another example, the provider stated they became aware that a person may have a choking risk, so they had made a referral to the relevant health professional. However, when the person was prescribed thickener, it was not detailed in the persons care plan or risk assessment, which meant the person may not have been appropriately supported in this area.
•Some people needed a specialist diet due to their health needs; however, some people made the choice to not always follow this diet. When staff supported these people with their food and fluids, staff were not always ensuring the person's choices were clearly documented to evidence the person was being offered the specialist diet as identified in their care plan first. Therefore, we could not be assured people were provided appropriate support to maintain their nutrition and fluid needs.
•We spoke to the registered manager about this and advised that staff record the advice they give and if it has been refused.

Using medicines safely
•People told us they were happy with the way they were supported with their medication. However, we found people's medication administration records (MAR) were not always completed correctly. We saw a MAR using codes that were not on the MAR to record the reason for non-administration. This meant there was that a risk that medication would not be effectively monitored.
•We spoke to the registered manager about this who stated they would ensure that staff used the codes specified on the MAR, so that it would be clear to anybody reading the MAR if the person had received their prescribed medication and if not, why.
•Where people had medication that was 'as and when required', also known as PRN medicine, protocols were not consistently in place for staff to identify when it may or not be required. This left people at risk of not always having their PRN medicine when they needed it.
•We also identified that a person was receiving support from staff around taking their medication, despite there not being in the care plan and guidance in place for the carers to follow.
•We raised this with the registered manager, who stated they would put written guidance in place so that staff would know how to support the person consistently.

Systems and processes to safeguard people from the risk of abuse
•Systems were in place to protect people from potential abuse. Where concerns had been raised they were

reported to the local safeguarding authority as required.
•Both people and their relatives told us they felt safe with the care provided by the service.
•Staff were aware of the different types of abuse and the signs to look out for. One staff member told us they would look out for, "Bruises, behavioural changes and body language."

Staffing and recruitment
•The provider had a safe recruitment system. Checks had been made with the Disclosure and Barring Service (DBS) as required. The DBS helps employers make safer recruitment decisions.
•People told us that staff were on time and the majority of the time they, "Usually have the same carers."
•Staff felt that their rotas were manageable with the time they had, with one staff member saying they had enough time travel time in between calls to travel to people.

Preventing and controlling infection
•People were protected from the risk of cross infection as appropriate measures were in place and used by staff.
•People told us that staff wore personal protective equipment (PPE) when supporting them with their care needs.
•Staff told us that they had access to PPE, such as gloves and aprons and when they would use it, for example, when supporting somebody with their personal care.

Learning lessons when things go wrong
•Processes were in place to record incidents but at the time of the inspection there had not been any. We will look at this again on the next inspection.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's needs were assessed however, care plans were not sufficiently detailed. For example, we saw a person's care plan which had a section about personal care, which mentioned that the person required support with creams but no detail around personal care tasks. This meant that there was a risk that care staff would not have the information needed to provide effective support to people.

Staff support: induction, training, skills and experience
•People and relatives told us they felt that staff had the right training to support them.
•Staff told us they had received training and an induction. One staff member told us they felt confident with manual handling and they could request additional training should they feel the need to.

Supporting people to eat and drink enough to maintain a balanced diet
•Where staff had the responsibility to support people with their nutrition and hydration people told us they were happy with the way there were supported.
•Although people had choice and access to food and drink, guidance for people who were required to follow assessed diets, the provider was not always proactive in seeking guidance or detailing it in people's care plans.

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.
•We checked whether the service was working within the principles of the MCA.
•When we spoke to staff about their understanding of the MCA, we received a mix response. One staff member told us that people, "Are allowed to make decisions for themselves and nobody can make their decision for them." With another staff member telling us, "If some people don't have the mental capacity so someone, maybe family make their choices for them."
•However, staff did tell us they asked for consent before carrying out personal care and that they offered people choices about their personal care needs.
•The provider had documentation in place which was compliant with the MCA, however this was not always been used effectively. For example, a person's relative had signed on their behalf, despite the providers paperwork saying that nobody can sign on another person's behalf without the relevant power. We spoke to

the provider about this and they stated that the reason why the relative had signed was because the person was unable to sign but they had given verbal permission to consent to receive care and support.
•People told us that staff ask for their consent before supporting them with their care needs. People also told us that staff explained things to them when necessary.

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 access healthcare where necessary.
•One health professional informed us that the provider does seek their advice where necessary and follows guidance given.
• Records detailed where the provider had been in contact with other agencies to assist the person to obtain specialist health equipment.

Good

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

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 told us that they were treated with kindness. One person told us, "They do a good job." With another person telling us they were, "Very caring."
•Whilst relatives, told us that carers were, "Good in terms of care and looking at [the person's] wellbeing."
•Care plans did consider some protected characteristics such as religion and cultural needs, should people wish to discuss these.

Supporting people to express their views and be involved in making decisions about their care
•People were supported to express their views and were involved in decision making about their care.
•People told us they were involved in their care. With one person telling us, "They [the provider] came [to assess care needs] before they started to provide care."
•The registered manager had made referrals for an advocate when necessary. Advocates enable people to speak up and make their own informed choices.

Respecting and promoting people's privacy, dignity and independence
•People had their privacy respected and dignity promoted.
•One person told us that the carers, "Have respect [for them]." A relative told us that they treat their family member with dignity and respect. They could not give us any specific examples of how they did this with their family member but said that they heard the carers, "Talking and chatting away", to their family member.
•Staff gave us examples of how they respect people's dignity, such as covering them up when supporting with personal care and promoting people's independence by encouraging them to involved in tasks they can do for themselves such as washing their face.

Good

Is the service responsive?

Our findings

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

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
•One relative told us it was important to their family member they had a consistent care team due to their health condition. The relative confirmed that the service provided this.
•People said staff knew their likes and dislikes.
•One person told us that the carers ask questions around their personal care choices. For example, if they want a shower or bath.
•Care plans detailed people's preferences such as their bathing routine and schedule.
•Staff told us they have, "More than enough time for what we need to do [supporting people with their care and support needs]."
•However, care plans were not always up to date with the most relevant information of the person's care needs. For example, one person had been discharged from hospital and their needs had changed. This meant that staff may not have access to the correct guidance to provide responsive care.

Improving care quality in response to complaints or concerns
•There was a complaints policy in place and people told us they knew how to make a complaint.
•One person told us they would, "Phone the manager." With a relative telling us that they would phone the service if they need to.
•When the service had received complaints, they had responded appropriately to them.

End of life care and support
•The service had plans in place which detailed people's wishes and preferences about their end of life experience. However, not everyone had these plans in place who were at the end of their life.
•We spoke to the registered manager about this and they told us some families wished to keep this information private.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

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 was changing from paper-based documents, such as care plans to using digital technology. However, during our inspection this process was not completed, and they were still reliant on paper-based records. When we asked to see care plans for some people, the provider was unable to locate these. This meant there was a risk that people would not get the correct support they needed as there was no guidance in place for staff to follow.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The providers systems to monitor the service had failed to identify where quality and safety were being compromised. For example, care plans were not detailed so that staff had enough information to provide effective care to people.
•Governance systems were deficient in recognising that the provider had not followed their own processes. For example, when people received care in bed, people's care plans identified that an individual risk assessment should be completed. This was not completed.
•The providers monitoring systems had failed to identify statutory notifications were not consistency sent to us. We had to advise the registered manager to send us some notifications, which they did do during the inspection.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•To integrate and maintain the services relationship with the local community, the provider stated they sponsored a weekly coffee morning at a local church and attended when they can.
•The provider had implemented quality review forms to gather people's feedback about the service, however, none were from people who currently used the service as the people supported at the time of the inspection had only recently started using the service.
•Staff told us that the registered manager was approachable, and they had team meetings.

Continuous learning and improving care
•Due to the complex needs of some of the people the provider supported, they had booked a training

session on one particular area of support, to enhance staff's skills in this area and to improve the care people received.
•The provider had sent to us a Provider Information Return, within this they had told us they were a disability confident employer. They also confirmed this to us on inspection. The disability confident scheme aims to make the most of the opportunities provided by employing disabled people.

Working in partnership with others
•The provider worked in partnership with other professionals. One health and social care professional told us they have, "Good communication with the registered manager and they are managing a complex situation well, whilst getting to know the person".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always in place or were not always effective at identifying when improvements were required.