

Compassionate Herts Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection activity commenced on the 31 January 2018 and completed on 16 February 2018 and was announced. We inspected the office location on 31 January, received additional information from the provider on 7 February and obtained feedback from staff and people who used the service on 7 and 16 February.

We last inspected the service on 17 July 2017 and found there were three breaches of regulation in relation to regulation 13 safe recruitment processes, regulation 17 good governance and regulation 19 fit and proper persons employed. The provider submitted an improvement action plan telling us how they would make the required improvements. At this inspection, we found the provider had made the required improvements and were meeting the standards. However, one area still required improvement. This was in relation to consistency in record keeping.

Overall, the service was well managed and people were happy with the service they received. However, records were not always completed in a timely or effective way. For example recruitment records in some cases lacked detail and were not as robust as they could have been. Staff support records lacked structure. Quality monitoring audits were in place but would benefit from further development to ensure actions were signed off to improve the effectiveness.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Compassionate Herts Ltd is registered to provide a service for people, older people, people who live with dementia, or people with a physical and or learning disability. At the time of this inspection Compassionate Herts Care supported seven people with personal care.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission 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 felt safe receiving support from Compassionate Herts LTD. Staff understood how to keep people safe. People were kept safe because risks were managed and mitigated effectively.

Recruitment processes were not always as robust as they could have been. We discussed this with the provider and registered manager. They took immediate action to review their processes. This helped to ensure that staff were of good character and suitable for the roles they performed. Sufficient staff were employed to meet people's needs in a timely way.

Staff were supported through regular individual supervision, observed practice and team meetings. Staff had the knowledge and skills necessary to meet people's individual needs and wishes. The registered manager followed the principles of the Mental Capacity Act 2005 (MCA). People were asked to consent to their support. People were encouraged to eat and drink sufficient amounts to maintain their health and well-being and were assisted to access healthcare professionals promptly when needed.

People and their relatives were positive about the staff who supported them. They told us staff were kind and caring. Staff knew people well and people had been involved in the development, review and planning of their care where they were able.

The provider had systems in place to obtain feedback from people who used the service and their relatives. People and their relatives felt comfortable approaching staff or the registered manager to raise anything that concerned them and were confident their concerns would be taken seriously.

People felt the service operated in an open and transparent way. Staff were well supported and were proud to be working for Compassionate Herts Care. The registered manager demonstrated an in-depth knowledge of the staff team, and people who used the service.

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.

Recruitment processes had been developed to help ensure that staff were of good character and suitable for the roles they performed. These were improved during the course of our inspection.

People were kept safe by staff who had been trained and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health and safety were assessed and measures were in place in place to mitigate risk.

There were enough staff employed to meet people's needs in a timely way.

Staff supported people to take their medicines safely.

Staff were aware of the risk of cross infection and used personal protective clothing to reduce the risk.

Is the service effective?

Good ●

The service was effective.

Staff were supported through regular supervision and work based observations.

Staff had the skills and experience necessary to meet people's individual needs and support their independence.

The registered manager and staff worked in line with the principles of the Mental Capacity Act 2005.

People were encouraged to eat and drink sufficient amounts to maintain their wellbeing

People were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were caring, kind and compassionate.

People made choices about how they were supported and their independence was promoted.

Staff assisted people as individuals and staff respected people's privacy and maintained their dignity.

People had developed meaningful relationships with their care workers.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised around individual needs.

People's preferences were taken into account and care provided was kept under regular review.

The service was flexible in meeting peoples changing needs

Complaints were taken seriously and dealt with to ensure continual improvements.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements to record keeping were required to ensure maximum effectiveness.

People and their relatives told us they were happy with the service they received.

The registered manager demonstrated an open, inclusive and transparent culture within the service.

The registered manager had an in-depth knowledge of the people who used the service and the staff team. .

There were systems and processes in place to monitor the quality and safety of the service.

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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 checked 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.

Before our inspection, we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. A Provider Information Return (PIR) had been completed on 27/11/2017 and we reviewed this prior to this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. The provider also sent us an Action plan.

This inspection activity commenced on the 31 January and completed on the 16 February 2018. The inspection was announced, because the service is a small domiciliary agency and we needed to make sure the provider and registered manager would be available to support the inspection. We inspected the office location on the 31 January. We received further information from the provider on the 7 February 2018 and obtained feedback from people who used the service and staff on 16 February.

We spoke with one person who used the service and two relatives. We received feedback from four staff members. We spoke with the provider and registered manager. We reviewed care records and documents relevant to people's health and well-being. These included care records relating to two people, three recruitment records, staff support and training records and quality monitoring records.



Our findings

When we last inspected the service in July 2017, we found that people were not always kept safe. The service was rated requires improvement in the 'Safe' domain and there was breach of Regulation 13 and 19. The recruitment process was not robust and pre-employment checks were not consistently completed. Staff had not received safeguarding training to help them identify and report potential abuse.

People had individual risks assessed which were adequate, but could be developed to provide specific guidance about how to keep people safe. At this inspection, we found that measures had been put in place to help ensure people were kept safe.

People told us that they felt safe being supported by staff from Compassionate Herts. One person told us, "The staff are all very good and they all make me feel safe, I have no worries at all."

Recruitment processes had been developed to help ensure that staff were suitable for the roles they performed. The process had improved since the last inspection, and the registered manager had undertaken some further checks to ensure they had made as many enquiries as possible to check the suitability of staff. For example where references had been provided. The registered manager was validating these during our inspection to check the authenticity of the references. In particular where referees had only confirmed dates of employment. This helped to make sure staff were of good character.

People were kept safe by staff who had been trained and were knowledgeable about the potential risks and signs of abuse. Staff we spoke with were able to describe to us how to identify possible abuse, and how they would report any concerns. Staff told us that they received safeguarding adults from abuse training and knew how to report concerns externally if required.

Potential risks to people's health and safety had been assessed and measures were in place in place to mitigate risks where possible. Staff demonstrated they knew how to manage these risks effectively through detailed information recorded in the risk assessment. For example, people who were at risk of falls or pressure ulcers. There were also environmental risk assessments in place. This helped ensure people were kept safe and staff were working in a way which promoted safe working practices.

There were enough staff employed to meet people's needs in a timely way. We saw that staff rotas were planned to give staff adequate travel time in between visits. People told us that staff usually arrived at the expected time and stayed until all the tasks had been completed safely. One person told us, "I never feel

rushed; [They] staff always ask if there is anything else to do before leaving".

People were supported to take their medicines safely by trained staff who had their competencies checked at regular intervals. People who were able were supported by staff to take their own medicines. Medicines administration records were completed when medicines had been administered.

Staff were aware of the risk of cross infection and used personal protective clothing to reduce the risk. One staff member told us, "We use gloves for personal care and are aware of the risk of cross infection so when preparing food we ensure we follow the correct hand washing technique".



Our findings

When we last inspected the service in July 2017, we found that the service was not always effective and was rated as requires improvement in this domain. The Provider who was also the registered manager had completed training in relation to MCA but did not understand the process for assessing people who lacked capacity. Staff had not received training in MCA. Staff did not receive an induction and on-going or refresher training in a range of topics relevant to their role. Staff received some support but this was inconsistent.

At this inspection we found that systems had been developed to address these shortfalls. The registered manager had received additional training to help them better understand their responsibilities in relation to assessing people's mental capacity. Staff had received training in MCA. An effective system for supporting staff had been established.

People felt that staff were sufficiently skilled in meeting the needs of people at the service and spoke positively about the care and support they received from staff who supported them. One person told us, "I think the staff knows exactly what they are doing. I have no reason to think otherwise. Staff seem to know what they are doing and I know they have training because they tell me sometimes." Another person told us, "I think they [staff] are well trained and they do things the way I want them done".

Staff were supported through regular supervision and work based observations. Staff told us they had worked based observations regularly. One staff member told us they received individual supervision with one of the managers. Another staff member told us they regularly worked alongside the registered manager and that the registered manager completed 'spot checks' to ensure they were providing effective care to people.

Staff had the skills and experience necessary to meet people's individual needs and support their independence. We saw that staff had receiving training in topics such as moving and handling, the safe administration of medicines and MCA. Staff told us they felt the training was relevant to their roles.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good awareness of what steps they were required to take to protect people's best interests. For example, where people had fluctuating capacity they told us that they talked things through with people and gave them choices about day-to-day things such as what they want to eat and what clothes they like to wear. In the case of people being supported with medicines, a best interest decision would be in place, which the family had been involved in making.

People were encouraged to eat and drink sufficient amounts to maintain their wellbeing. Staff assisted people where required. Staff told us that if they had any concerns about people's hydration or food intake they would monitor this and report any concerns to family where people lived with family members or the office staff, if people lived alone.

People were supported to access healthcare professionals when required. People told us that family members assisted them to make and attend health care appointments. The registered manager told us that if people lived alone or were unable to manage healthcare appointments staff supported them with this.



Our findings

People, and their relatives, told us they were happy with the staff that provided their care. One person told us, "I have regular care staff and have got to know them well. I look forward to them coming, we have a chat." A relative told us, "I am very happy with the staff they are a small team and each one is kind and caring".

People and their relatives told us the staff were caring, kind and compassionate. People told us that staff treated them with respect and maintained their dignity. One person said, "They [staff] make me feel comfortable. They talk to me when they are helping with personal care and they place a towel over me. It is the little thoughtful things they do that make the difference. Like asking me would I like a drink before they go or do I need a snack left for later".

People we spoke with confirmed that staff promoted their independence and supported them to live at home. One person told us, "If they [Staff] did not support me I would not be able to remain living in my own home. They are a good bunch; the registered manager even comes sometimes. I have got to know them well."

A person told us, "When I did not feel well they [Staff] asked if I needed anything from the shops. I really appreciated how thoughtful that was." Staff were respectful when asked about people they supported. One staff member told us, "I really enjoy working with Compassionate Herts we are a small team and know each person as an individual. They are like extended family".

People had developed meaningful relationships with their care workers. People told us that they received their care and support from a consistent staff team which enabled them to build positive relationships. Staff told us that they had got to know people individual needs very well and they were able to provide 'personalised' care. For example, one person told us, "They know my routine now and how I like my support to be provided. It's good because I don't keep having to repeat the same things or show the care staff where things are kept".

A relative of a person who used the service told us, "We have the same carers, that is really good because they have got to know [person] and understand their needs well".

People's confidentiality was maintained. Records were held securely in a locked cabinet in the office. Staff told us they were 'mindful' about keeping peoples information private. One staff member told us, "When we

work together we make sure we don't discuss any information within earshot of either people we support or their relatives. This helped ensure people's information remained private.



Our findings

People received care that was personalised around their individual needs. People received care, treatment and support from staff that had access to relevant information about their health and care needs.

People's needs were assessed and reviewed regularly to ensure they received appropriate care. The registered manager told us, "The staff always tell us if there are any changes to people's abilities. That prompts us to review their care plan and or risk assessments." we found that care plans contained specific information about how each person wanted to be supported.

One person told us, "[Name] comes round and checks the paperwork and we discuss if anything has changed". Relatives confirmed they had been involved with the development and regular reviews of their care. The registered manager told us that there were regular reviews every six months, or sooner if there was a change. We also saw spot checks had been completed. During these spot checks, people views were sought to ensure people are happy with the service.

People's preferences were taken into account and care was kept under regular review. The registered manager told us, "We have regular discussions with people and provide much of the care ourselves so quickly identify any changes and wishes. Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to provide people with personalised care and support that met their individual needs.

A staff member told us, "We are responsive to people's needs because we know people well and notice quickly if there is any small changes. We can then just tweak the service to make sure we are meeting those needs."

The service was flexible in meeting peoples changing needs. People told us they received a flexible service. One person told us, "You only have to make a call or even ask the care staff. If you want your visit earlier, later, or even a bit longer whatever it is. They will do it." One relative told us that they felt the service was very accommodating and gave us an example where a person's call times had been changed to enable them to attend a Drs appointment and staff had come in early to get the person ready. This helped to demonstrate the flexibility of the service.

Complaints were dealt with effectively to ensure continual improvements. The provider had policies and procedures in place to help ensure that feedback including complaints or concerns raised by people who

used the service or their relatives were appropriately investigated and resolved. People who used the service and their family members told us that they would be confident to raise any concerns with the registered manager. We saw that learning from complaints was shared with staff to help prevent the same mistakes happening again. For example, where care staff had arrived late and the person had not been notified. The learning was to implement a system to keep people informed if staff were running late.



Our findings

When we last inspected the service in July 2017, we found the provider did not have quality assurance processes in place to help identify issues we identified as part of the inspection.

At this inspection, we found the provider had made some improvements and were no longer in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014. However, further improvements were required to ensure a consistent and robust to systems and processes that were in place at the service.

Improvements to record keeping were required to ensure maximum effectiveness. For example, we found that although checks were being done in relation to recruitment, the entire process was not always documented. For example, a character reference that had been provided implied that the person had been employed by the person, which was not the case.

Although the provider told us the reference had been validated, the registered manager had not challenged the content of the reference and had not recorded when they contacted the person or whom they spoken with. The provider told us, "I don't think the reference request forms asks the right questions, which could be confusing." They agreed to review the form immediately to ensure it was fit for purpose.

We saw that records were kept in relation to staff support arrangements. These were not structured and did not have an agenda, objectives or clear outcomes. They also did not clearly document agreed actions or timescales for them to be completed, so we could not be assured actions had been addressed.

People and their relatives told us they were happy with the service they received. One relative told us, "This is a small care agency. [Name] sees the same few carers. [Name] has built up a good relationship with the carers. The management are hands on and are very involved and are very experienced, hardworking, and caring."

The registered manager demonstrated an open, inclusive and transparent culture within the service. They demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, and people's wishes.

Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the care staff and that staff felt valued and listened to.

There were systems and processes in place to monitor the quality and safety of the service. These included spot checks whilst staff were in care calls. These included checking care records to confirm they were accurately completed and reflected the care that people needed and had been provided. Audits were in place and were being continually developed to strengthen and improve their effectiveness.

The registered manager was aware of how to report accidents and incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do this when required.