

Care Compassion Limited

Care Compassion Limited

Inspection report

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

Date of inspection visit:
04 July 2017

Date of publication:
22 August 2017

Tel: 02087990300

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

We undertook an announced inspection of Care Compassion Limited on 4 July 2017. We contacted the service before we visited to announce the inspection so we could ensure that the registered manager would be available.

The service was last inspected on the 26 July 2016 but was not rated as at that time only one person was receiving a service from the agency, which meant that 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.

Care Compassion Limited provides a domiciliary care service that delivers personal care and other support to people in their own homes. At the time of our inspection there were four people receiving assistance with their personal care. Care Compassion Limited also provided a range of other services that included; cleaning, shopping and supporting people with a range of activities.

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 their relatives informed us that they were happy with the care and the other services they received. People told us that staff treated them with respect and they felt safe when receiving care from the service. People received consistency of care from staff that they knew.

People received person centred care which was led by them. People were supported to maintain control of their lives, and were fully involved with all decisions about their care. Staff knew people well and provided people with the care and support they needed and wanted. The service understood the importance of encouraging and promoting people's independence.

Care staff understood the importance of obtaining people's consent before supporting them with personal care and other tasks.

There was a safeguarding adults' policy and suitable arrangements for safeguarding people from abuse. People told us they felt safe when receiving the service. Staff had received training to make sure they knew how to recognise and report any concerns. Staff members knew how to safeguard the people they were supporting.

Risks to people's safety were identified and guidance was in place to minimise the risk of people being harmed.

The organisation carried out appropriate checks to reduce the risk of employing staff that were not suitable

to work with people using the service. Staff received the support and training they needed to carry out their role and responsibilities.

Arrangements were in place to make sure medicines were managed safely and people received their medicines as prescribed.

People, who received support with their meals, had their nutritional needs and their individual dietary preferences assessed and met.

People knew how to make a complaint and were confident any concerns that they raised would be resolved.

People and their relatives told us they thought the service was well run and would recommend it. They spoke very highly of the registered manager who they told us was open and approachable and often went the "extra mile" to ensure people received the care they needed. The service liaised closely with health and social care professionals to make sure people's needs were met.

There were systems in place to carry out checks, monitor the service and to make improvements when needed.

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. Staff understood how to protect people from abuse and harm and report any concerns found.

Risks to people were identified and measures were in place to protect people from harm in the least restrictive way.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people. There were enough staff to meet people's needs.

Good ●

Is the service effective?

The service was effective. People received personalised care that met their individual needs.

People and their relatives [when applicable] were fully involved in making decisions about the care people needed and wanted.

Staff told us they were well supported and received the training that 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.

People were supported to access health professionals and other specialists when they needed to.

Good ●

Is the service caring?

The service was caring. People told us staff were approachable, kind and provided the care and support they needed.

People's privacy and dignity were respected. Staff had a good understanding of the importance of confidentiality and 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.

Good ●

Is the service responsive?

Good ●

The service was responsive. The needs of the people receiving care was assessed and reviewed. People's care plans identified the support they needed from care staff.

The registered manager and care staff provided a service that was person centred so people received personalised care that met their individual needs and preferences. Staff understood how to respond to people's changing needs.

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

Is the service well-led?

The service was well-led. People and their relatives were very positive about the service and the way it was run.

There was an open and transparent culture within the service; and staff worked effectively with people, relatives, and with others involved in people's care.

Staff told us they found the registered manager to be very professional, approachable and supportive. They told us they could raise issues and queries to do with the service at any time and they were responded to promptly and appropriately.

Arrangements were in place to assess and monitor the quality of the service provided to people and to make improvements when required.

Good ●

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 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.

This inspection took place on 4 July 2017 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the agency's office and spoke with the registered manager. Following our visit we spoke with one social care professional, the agency's safeguarding lead and three care staff. We also spoke with one person using the service and four relatives of people using the service.

We reviewed the care records of four people who used the service, looked at the records of three staff, and other records including policies and procedures that related to the management and running of the service.

Is the service safe?

Our findings

A person receiving assistance with personal care told us they felt safe when being supported by care staff. The person told us "So far I feel safe." People's relatives told us that they had no concerns about people's safety when they received care from staff.

The service had procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. Staff had received training in how to keep people safe and protect them from abuse. They were knowledgeable about types and signs of abuse, understood how to respond to concerns and knew who to contact to ensure people remained safe. The service employed a safeguarding lead who provided advice and support to the registered manager and other staff about safeguarding issues.

Risk assessments of each person's home environment were completed by the registered manager. These were regularly reviewed to ensure any health and safety risks were identified and measures were in place to address risks and keep people and staff safe. Records showed that the registered manager had identified risks relating to one person's home environment, and action had been taken to address the issues found. A person's relative told us they had found the environment risk assessment helpful as it had identified some areas within a person's home that required maintenance, which they then addressed.

Individual risk assessments had been carried out and recorded in people's care records. Risk assessments included people's risk of poor mobility, falls and bathing risks. Detailed personalised guidance was in place for care staff to follow to minimise the risk of people being harmed. The registered manager told us she would further develop a person's bathing risk assessment to include guidance about ensuring the bath and shower water were always in the safe temperature range. We were provided with documentation following the inspection that confirmed the registered manager had reviewed and amended a person's care plan to include safe water temperature guidance. A person's care plan records showed that their risk of falling had been discussed with care staff.

The registered manager told us and people confirmed that the registered manager, during the first visit to a person using the service, spent time showing the care worker what the care entailed and also informed them of any identified risks. Copies of risk assessments were kept at the person's home to ensure care staff were able to access them as required.

A fire safety policy and guidance was in place for office staff and visitors to follow in the event of a fire. Records showed that staff had signed that they had read the fire safety policy. A lone working policy was in place and included in the employee handbook. It included guidance for staff to follow to minimise risks to their safety when working alone.

The three 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.

The registered manager told us that no agency staff were employed as there was enough staff to meet people's needs. The registered manager provided 'hands on care' when this was required, such as when care staff were not available. People told us they received consistency of care by care staff that were familiar to them.

Arrangements were in place to report and manage incidents and accidents. Records showed that incidents and accidents had been responded to appropriately. The registered manager told us that they would in future regularly review all incidents to ensure appropriate action was taken to address and learn from them, and minimise the risk of other similar events occurring.

The service had a medicines' policy. The registered manager ensured staff received the training and information they needed to prompt or administer people's medicines. Care staff confirmed they had received the training they needed to administer medicines safely. People's care plans included details of personalised assessment and guidance regarding the administration of their medicines. There was also detailed guidance about side effects of medicines and the action to be taken by staff if any symptoms of medicines side effects were observed. A person's relative told us that they were happy that a person was supported by staff with their medicines and that staff made sure the person was offered pain relieving medicines when they complained of pain.

The service had an infection control policy. Staff were supplied with disposable gloves and other protective clothing to minimise the risk of infection. Spot checks carried out by management staff of care staff practice included checks that they wore protective clothing when required. A person's relative told us that care staff always tidied and cleaned up after carrying out care tasks, which was appreciated by them and the person using the service.

Is the service effective?

Our findings

People informed us they were happy with the service they received. A person using the service told us "I get a regular carer, they are very competent. The customer [person] works along with them." People's relatives also informed us they were happy with the service provided by care staff. A person's relative told us that staff provided good care.

Care staff told us they had completed an induction when they started working for the service. A care worker told us their induction had provided them with the information about the organisation and the service provided to people that they needed. The registered manager informed us that care staff were in the process of completing the Care Certificate induction which is the benchmark for the induction of new care staff. Records and care staff confirmed this. A care worker spoke in a positive manner about the Care Certificate induction and told us that it was relevant and helpful in developing their health and social care knowledge and skills in providing people with personal care. Care workers told us "She [registered manager] told me everything, I have had lots of training."

Care staff told us they were introduced to people using the service by the registered manager who also showed them how to carry out each person's individual tasks. They told us this was very helpful and ensured they understood the varied needs of people when they started working for them so personal care and other tasks were carried out appropriately and safely.

Records showed and care staff confirmed they had received an employee handbook. This included information about the service as well as a code of conduct and summaries of policies and procedures care staff needed to follow to ensure they provided people with a good quality safe service.

Records showed and care staff told us they had completed a range of training and learning relevant to their role and responsibilities, which included safeguarding adults, moving and handling, basic life support and medicines. The registered manager told us that all the care staff were currently completing a dementia care training course. The employee handbook contained details about a range of health conditions to help care staff understand the varied needs of people. The registered manager told us that she would provide staff with the support they needed to complete relevant qualifications in health and social care. She told us that one care worker had plans to commence a health and social care qualification course.

People and their relatives spoke positively about the care staff and the registered manager. They told us staff communicated with them well, listened to them and provided people with the care and support they needed and wanted. Spot checks of care staff carrying out people's care were regularly carried out by the registered manager to make sure they were providing people with the care they needed in an appropriate and safe manner.

The care 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.

Records showed care staff had received regular one-to-one supervision with the registered manager. Topics discussed during supervision included; working practices, time keeping, people using the service, incident reporting, personal development, confidentiality and training. The registered manager told us that formal staff supervision was flexible and took place when needed such as when a care worker needed particular support or when there were issues to do with a care worker's work which needed to be addressed. A care worker told us "I receive one to one every month, sometimes twice a month, we sit down, and we talk about the people. She [registered manager] tells me things about what I should do."

The registered manager told us that most staff had been employed for less than a year and that appraisal of staff performance and development would take place annually.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Care staff we spoke with demonstrated good understanding of the MCA. People's capacity to understand, retain, weigh up and communicate their choices, and ability to give informed consent was assessed by the service. Care staff knew the importance of obtaining people's consent before supporting them with personal care and other tasks. People using the service told us that care staff always asked for their consent. People's care plans included a consent record showing they agreed to information about their care being shared with their next of kin and for the service to contact health professionals involved in the person's care when needed.

Care staff told us they would report to management staff if they were concerned about a person's capacity to make a decision or consent to care. They knew that a decision could be made in a person's best interest by the person's relatives, staff and health and social care professionals when they lacked the ability to make a decision about their care. People told us they were aware of their care plan and had been fully involved in its development and had agreed to its content.

People's care plans contained up to date information about people's medical history so care staff were aware of people's medical needs. Care plans also contained contact details of people's GP surgery for staff reference.

People's care plans included information and guidance about people's nutritional needs, dietary preferences and details of any food allergies. A person's care plan including specific details about their meals and drinks and the times they should be provided by care staff. Their care plan included detail about how they liked their coffee; 'I don't have water or sugar in my coffee just warm milk and three quarters of a spoon of coffee.' A person using the service spoke positively about the support they received with the food and drink, they told us that care staff followed their instructions about how they liked their meals prepared and presented.

Is the service caring?

Our findings

People told us they were treated well by kind and respectful staff. A person using the service told us "They [staff] know so well what I like. They are first class."

People's relatives confirmed they felt that staff were caring and they and people using the service were treated with respect by care staff and the registered manager. They told us "They are approachable friendly carers," "They are so caring it seems they go beyond their duty and are so professional," and "They [care staff] have impressed [person using the service]."

A person using the service confirmed they had been asked about the support they wanted from the service and how they wanted it to be delivered. They told us that their views had been listened to and supported. People's care plans and 'daily' care records showed they had been consulted about all decisions to do with their care provided by the service. People's choices were detailed in their care plan. A person's care plan included "I would like to choose the clothing I wear, my clothes are in the wardrobe and drawers in my room, you must show me the items so that I can make a choice."

The registered manager spoke of the importance of ensuring people received continuity of care by care staff. They told us and people confirmed that they received the care and support they needed from a regular care staff who were familiar with the person's individual needs. The arrangements for introducing the care staff to people using the service and people's relatives [when applicable] provided people with the opportunity to discuss and agree the care they needed with the registered manager and the care worker.

People using the service and people's relatives told us that they had developed a positive relationship with the registered manager and care staff. A person's relative told us that a person had developed a "Really nice rapport with the carers."

Care staff we spoke with had a good understanding of the importance of treating people with respect and dignity. The way care staff engaged with people using the service was monitored by the registered manager during unannounced 'spot checks' of the care and support being provided by care staff. The registered manager told us that this helped them make sure that people were supported in a respectful and professional way by staff.

People told us that time keeping by care staff was generally good and that they were informed when a care worker was going to be late.

People using the service and people's relatives told us people had their privacy respected and dignity maintained when being assisted with personal care. Care staff knew about the importance of respecting people's privacy. They told us that the registered manager had discussed this with them during their induction. Information about respect and privacy was also included in the employee handbook so staff could refer to that guidance.

Care staff also knew about the importance of confidentiality. The service had a confidentiality policy, and information about confidentiality was included in the employee handbook. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. People told us they had a copy of their care plan records. People's written and electronic records were stored securely in the agency's office.

People's individual preferences, likes and dislikes were included in their care plan records. There was comprehensive information about each person's background to help staff get to know people better. People's independence was respected. The registered manager and care staff told us they supported people to be as independent as possible and encouraged them to do things by themselves or with minimal support when able to do so. A person using the service told us that their independence was respected by staff. A person's relative told us "They [staff] support and encourage [Person] to mobilise and sit at the table for lunch."

The service had an equality and diversity and harassment policy. The registered manager and care staff had a good knowledge of equality and diversity. A care worker told us this subject had been included within their induction. Care staff spoke of the importance of respecting people's differences, customs, sexuality and religious needs. The registered manager told us that she trained staff to be aware of equality and diversity by including practical scenarios in their learning to illustrate and promote staff awareness of this subject. People were asked about their preferences regarding the gender of staff they would prefer to assist them with their personal care and this was accommodated as far as possible.

Is the service responsive?

Our findings

People told us the registered manager had asked them about their care needs and preferences and had incorporated their wishes within their plan of care and support. They told us that before they started receiving care from the service the registered manager had completed an initial assessment of their needs. A person told us "They [staff] listen to you and take time to explain things to me."

Records showed people were involved with decisions about their care and there was regular contact and involvement from relatives when aspects of people's care needed to be discussed. A person told us "The manager came and asked questions." A person's relative told us that during the person's initial needs assessment the manager was "very thorough and very good" and ensured that the care provided met the person's particular needs. Another person's relative provided us with an example of the registered manager having been responsive in addressing an issue to do with a person's care, "immediately."

The initial assessment formed the basis of the person's care plan. Care plans showed people and when applicable those important to them had been involved in the development of their care plan and in its review. People told us they had received a copy of their care plan and had the opportunity to sign the record and include any comments that they wished to make.

People's care plans outlined the person's needs and the support they required from the service and included guidance for care staff to follow when completing care and other support tasks. Specific detailed guidance was in place to meet people's particular communication, mobility and care needs. Care staff were knowledgeable about people's care plans and told us they read them. A person using the service and people's relatives told us that they felt care staff and the registered manager had a good understanding of each person's needs. A person told us "I tell them [care staff] and show them how I like things done and they learn from what I like."

Care staff recorded details of the support and care they had provided during each visit, such as information about people's personal care, meals and the support provided with medicines. Care staff told us this helped ensure there was good communication between staff about people's needs. The registered manager told us people's care plans were kept under review, updated regularly and when people's needs changed.

Care staff told us they would promptly report to the registered manager any changes they found in a person's needs. The registered manager provided us with a range of examples of when she had contacted the person's doctor and other health and social care professionals in response to people's changes in need.

The provider had a complaints procedure, which included the arrangements for recording and responding to complaints. Records showed that appropriate action had been taken by the service in response to complaints. People told us they would not hesitate to speak with the registered manager if they had a concern or complaint about the service, and were confident these would be addressed appropriately by her.

People using the service and their relatives told us they had been provided with the information they needed about the service, including details about all aspects of the service such as details about how to contact the registered manager outside office hours. We were shown a brochure that was provided to people using the service. This included a range of information about the service including description of the services, how to make a complaint, details about the organisation and key policies and procedures.

Is the service well-led?

Our findings

People using the service and their relatives told us they were very happy with the way the service was run, and had recommended the service. A person told us "They are a good company. It is one of the best that I have had." "She [registered manager] is very approachable; I do not hesitate to talk to her about things. She is very efficient, when she promises something she executes it. She keeps her promises."

Relatives of people told us that the service had been "brilliant," "The service is much better than the one we used before," "It is very good," and "They go the extra mile."

The service was run by the registered manager who had support from an office administration member of staff and from the safeguarding lead employed by the service. The registered manager knew when notifications about incidents and other events were required to be submitted to CQC. The registered manager told us about the importance of people being at the centre of the service, having choice about their care, and receiving it from staff in a kind and caring manner. It was recorded in the service user guide that 'The support worker will ensure that you are central to all decisions being made.'

Care staff told us the registered manager was very approachable, supportive and responsive. They told us they could call the registered manager at any time for advice and support which was always quickly provided by her. The care staff we spoke with were very positive about working for the agency. They told us they enjoyed their job and that there was good teamwork and good communication between staff.

The registered manager ensured she kept up to date with appropriate learning and training so she had the skills and knowledge to carry out her responsibilities and role. She had recently completed a degree in Mental Health and was in the process of completing a management course. She was fully involved in ensuring people received the care they needed that met their individual needs and wishes. She fully engaged with each person using the service and their relatives to ensure people obtained the service that they wanted. The registered manager who is a registered nurse also provided people with care when this was needed, such as when a care worker was not available. She knew each person using the service very well. People's relatives provided several examples of when the registered manager had 'gone out of their way' to ensure people's needs were met.

The registered manager made sure that staff received the training they needed to carry out their responsibilities in providing people with the care and support that they needed. Care staff told us that they met with the registered manager regularly who discussed any changes to the service with them. They told us that they felt confident to raise any issues to do with the service. The registered manager told us that she kept in close contact with staff by text messages, emails and by telephone as well as meeting them regularly face to face to ensure that there was good communication about the service with all staff. A care worker told us "I call [registered manager] if I have a difficult situation, she always tells me what to do. She is supportive."

The service user guide included information about the service. A person told us "I have a folder with all the

information about my care and the agency. It is a well thought out folder."

People using the service and their relatives told us that they had the opportunity to provide feedback about the service in a number of ways including during 'spot check's, care plan reviews and when regularly communicating with the registered manager by telephone or face to face. 'Spot check' records showed that people had been asked if they were happy with the care they received. A person told us "She [the registered manager] will come and speak with me in my home not just on the phone. She gives me time to speak. She asks me on a one-to-one basis about my thoughts about the care," and "I tell her when things aren't working and she takes action." The registered manager provided us with an example of how she had responded to a person's feedback to make improvements to the service they received. Records showed that there was frequent communication between the registered manager and people using the service and their relatives.

Systems were in place to monitor the quality of the service and to make improvements when needed. Checks of people's care plans, visit records, staff training needs and care workers' performance were regularly carried out. Spot checks of care workers practice included checks of their time keeping, whether they engaged with people in a positive manner, wore their uniform and identity badge and whether they followed people's care plans. Any areas of improvement were noted and followed up by the service. A person told us that the "Manager comes to see things are done properly."

The registered manager and records showed the service worked closely with health care professionals, people's advocates and their relatives. A social worker was positive about the service. They told us they felt the service was well run and they were kept fully informed about any changes in a person's needs including often emailing them in the evenings to ensure that they were always up to date with information about a person's needs.

The service had a statement of purpose that included its aims and objectives and description of its service. Policies and procedures to ensure the service was provided in a safe and proper way were in place. These were reviewed regularly and updated to meet current guidance and relevant legislation. Care workers were aware of how to access policies. A range of procedures and summaries of significant policies were included in their employee handbook.