

Compassion Care Limited

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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?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 23 December 2015. Compassion Care is a domiciliary care service which provides personal care and support to people in their own home across the UK.

There was a manager registered with the Care Quality Commission (CQC). 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 and were supported by staff who knew how to keep them safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to identify and reduce the risk to people's safety. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and appraisal. Staff were fully supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion and spoke highly of the staff. People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person required. Care records were written in a person centred way that focused on people's wishes and respected their views. Care plans provided sufficient information for staff to provide personalised care. A complaints process was in place, and people felt able to make a complaint. People felt confident that staff would be respond in a timely manner.

People felt empowered to contribute to the development of the service. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and they were dealt with quickly and effectively.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good ●

The service was very caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care.

A complaints process was in place and people felt able to make a complaint. They were confident that staff would be respond in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided.

Compassion Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 23 December 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that the registered provider would be available. The inspection team consisted of 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 improvements they plan to make. We also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the commissioners of the service, health and social care professionals who had contact with the service to obtain their views about the quality of the care provided by the service.

We sent out questionnaires to people and their relatives to gain their views of how the service was run.

During our inspection we spoke with two people who used the service, one relative, two members of care staff, the registered manager and the provider's representative. We looked at the care plans of three people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at three staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

After the inspection we asked the registered manager to send us information relating to their log and monitoring systems that supported the safeguarding procedures. Which they did.

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from abuse and avoidable harm. The systems in place helped to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt safe with the staff that cared for them. One person said, "I feel safe and well looked after. The service they provide is fantastic." A relative said their family member felt safe and they had peace of mind that the person was in safe hands. Staff showed they had a high level of understanding about how they should keep people safe. One member of staff described the process they followed when reporting any concerns. They said they felt confident to report to the local authority and identified who they should report to. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

The registered manager discussed the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. There had been one safeguarding concern in the last 12 months. The registered manager told us they had a system in place to record incidents that occurred, but they felt the system was not robust enough to identify if the incident should be escalated further as a safeguarding. We found the system they used included relevant details of issues identified, but not the severity. We asked them to review the process and send us a copy of the updated procedure, which they did.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents that may occur, but records did not always identify if the incident had been escalated if they were of a more serious nature. People's care files contained relevant records of their individual injury and accidents. There was a culture within the agency of learning by these incidents to make sure they did not re-occur.

Assessments of risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe.

People felt confident that staff were able to deal with any emergency situation that should arise whilst people were in their care. The service had plans in place which meant that the service to people could continue even if there were, for example, severe weather conditions. This meant that people would not be left without support in such an emergency.

People and their relatives told us they felt there were enough staff to meet individual care needs. One person said, "My care staff are very occasionally late, but I completely understand why and if they are late. I know they need to leave on time to get to the next person. However, they often stay longer than their time too." Health care professionals we contacted commented on the staff numbers and that they felt they were sufficient. Staff told us they felt there was enough staff to cover the number of calls they made. One

staff member told us the staff all worked as a team and covered any shortfalls, such as holidays or absences. They said the registered manager managed the staff rota to make sure there were sufficient staff on duty at all times. We saw copies of the rota, which identified the number of staff on duty on the day of our visit. The registered manager discussed with us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure they adapted to people's changing needs. They told us If necessary they would provide care, if there were any shortfalls in the staffing levels required to provide appropriate care for people.

The agency followed a robust recruitment process. One person told us, "The agency was selective in their recruitment process, taking on only the highest quality staff who then received thorough training." Staff we spoke with and records we viewed confirmed staff employed had been subject to relevant checks to ensure they were suitable to work with people at home. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people.

People received the support they required from staff to safely manage their medicines. and clearly described the different levels of support people needed. They knew how to respond if a medicines error took place.

People's care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records (MAR) to confirm whether or not people had taken their medicines. We saw copies of the records that were completed. If any gaps were identified in a person's MAR chart the registered manager carried out an immediate investigation and took appropriate action to address the issue.

Staff confirmed and records we looked at showed they had received up to date medicine training. The registered manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. The registered manager told us about the improvements they were making over the next 12 months. They had developed and implemented a more robust medicine audit system. This enabled the service to check for any anomalies and instigate investigations in a timely manner. There were also plans in place to update the competency check process to further enhance the medicine

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff that were knowledgeable and skilled to carry out their roles and responsibilities. People gave positive feedback about their care and support. One person said, "Compassion Care are exemplary in every way." Another person said, "They are wonderful, I couldn't have had any better." They went on to say, "They [staff] are fantastically well trained and I appreciate everything they do for me."

Staff confirmed they had opportunities to undertake specialist training for their role. Records showed staff had received training as part of their induction and they had attended a wide range of training to ensure they had the skills and knowledge to do their job. One staff member said, "I have completed a lot of training." Another staff member said, "The training is excellent." Health care professionals provided positive feedback around staff training and their competencies.

Staff told us they received supervision and appraisals on a regular basis and felt supported by the management. The registered manager had systems in place to ensure staff were supported and able to share good working practices. Supervision took place every three months and plans were in place for annual appraisals. The registered manager told us they observed staff delivering care and gave feedback to staff about this. We reviewed a sample of three care workers files and found that they had completed an induction, attended relevant training such as food hygiene, pressure care management and moving and handling. This told us care workers were sufficiently trained and appropriately supported to carry out their role and responsibilities.

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.

People told us staff gained their consent before care and support was provided. Staff told us the people they supported had mental capacity to make decisions about their own care and support. They told us that they had received training in MCA and demonstrated they understood the principals of this legislation. One staff member described how they had knowledge of people with dementia and that this helped them in their role. Other staff told us when they spoke to people; especially if the person had dementia they kept calm and spoke to the person clearly to ensure they understood what the staff member was saying.

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had mental capacity to consent to their care and support.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person said, "I receive four calls per day. They provide good care and give me sufficient food and drink each time." Staff gave examples of how they supported people to eat and drink sufficient

amounts and that they were aware of people's dietary needs. One staff member said, "I make a sandwich and a piece of cake. I make sure they have a drink." Another staff member said, "I always check if the people I care for has eaten breakfast and had a drink, if not I make them something to eat and always leave them with a drink."

From the care records we looked at we found examples that people's nutritional and dietary needs had been assessed and planned for. This told us that people could be assured that care workers had the information available to them about any dietary needs.

People were supported to maintain good health. People we spoke with did not raise any concerns about how staff supported them to maintain their health. One person said, "Staff care for me very well They have at times contacted my GP or the District Nurse if I have needed them." A relative told us, "Staff are very caring; they provide detailed daily notes, which I find very useful. This gives me a picture of the effective care and support my relation is getting." The registered manager monitored daily records to ensure people received effective care and support based on their individual needs. The registered manager also told us the daily notes were used to exchange information between care workers of any concerns or changes to a person's needs.

We saw referrals were made to external healthcare professionals when required. Staff gave examples of when people's needs had changed. For example, one person had a condition where they had restricted movement in their arms and legs. Records we viewed show staff had contacted the persons GP and requested an exercise plan to help supported their movement. Other health care professionals commented how staff cooperated with them and acted upon their recommendations when required.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with each other. They told us they were treated very well by staff. We received many complementary comments. One person said, "I am very happy with the care provided by the service. They provide me with excellent care." Another person said, "I am overwhelmed with the care, they [staff] are like family to me." A relative told us their relation had a good relationship with the staff. They said, "Not only do they provide personal support, but also [name] needs someone to talk to." The relative told us that the staff recorded in the person's daily notes and identified how the person was feeling on a daily basis. The relative felt this was a nice caring way to record this. We saw feedback from people, who commented that the service had a caring approach when providing care and support.

People were treated with kindness and compassion in their day to day care. The registered manager told us people were at the core of everything they did. They planned person centred care and obtained sufficient information to enable them to understand the person they cared for. Staff were knowledgeable about the people they provided care and support to. They had a good understanding of people needs and preferences. Staff were highly motivated and inspired to offer care that was kind and compassionate and they were determined to do an excellent job of caring for people.

People valued their relationship with the staff that provided their care. Two people we spoke with and comments we received from surveys, which we had sent out told us the staff went out of their way to make sure people experienced good relationships with them. People used word such as, 'friendly, compassionate and caring' when they described staff. The registered manager told us that relationships with people mattered and that people were strongly supported to contact the service if they needed to at any time, as they had a 24 hour on call service.

The registered manager told us, and staff confirmed that there was great importance on the service's reputation to show the staff had good caring abilities when they provided support for people. They gave examples, such as when staff frequently remained with a person outside their working hours especially if that person had been ill or the person was awaiting the paramedics. This was to ensure the person was not left alone or felt vulnerable. During our inspection we noted the registered manager had contacted a person who used the service to provide a telephone prompt to ensure they didn't forget to have a drink in between care being provided. This was a task the registered manager had taken upon themselves over and above the persons care requirements. This showed us the service went that extra mile to provide support for people.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us that they had had been involved in developing their care plans. This also enabled them to say how they wished staff to provide their care and support. They told us staff also involved them in day to day decisions by providing choices and that they felt their opinions and decisions were respected. Care records we looked at showed how people wanted their preferred care provided. This told us people had the opportunity to make choices about their care.

People that used the service had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person who expresses a person's views and represents their interests. Staff confirmed the service actively sign posted people to the relevant and current advice where ever possible.

People received care and support that respected their privacy and dignity. People's independence was also encouraged. People and their relatives made positive comments about how they were treated. One person said, "Staff respect and protect my dignity when providing personal care. The way they look after me is fantastic. I am treated with so much respect." Records we looked at gave evidence that staff supported people's privacy. Discussions with staff showed they understood what this meant for people.

Staff gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. This included examples of how they promoted people's independence. One staff member told us, "I always knock on the bedroom door before I go in. I close curtains and doors during personal care and make sure no one else is in the room." The registered manager told us they had systems in place to monitor and make sure this is happening. They were in frequent contact with people who used the service by telephone to gain their feedback to make sure they received excellent care.

Is the service responsive?

Our findings

People received care and support that was focused on their individual needs and preferences. People that used the service and relatives we spoke with gave examples that showed people received a service that was personalised to their individual needs. One person told us, "I am very happy with the service." A relative said, "The care is very good, [name] is happy with the care." People's care and support was written in individualised plans that described how staff should provide support for the person and what they needed to do to provide personalised care.

People, or their representatives, were actively involved in making decisions about the way their care was delivered and arrangements were made to assess their care needs. One person said, "I was, and continue to be, involved in the assessment of my needs. They [staff] help me to stay in my own home." Staff we spoke with described how care packages were developed. This included times of calls, and the level of support required.

Care files we looked at showed people's preferences and wishes had been discussed. This included consideration of people's religion and spiritual needs. We found information about people's life history, interests and hobbies was limited. We were aware that personal information of this nature was subject to people who used the service willing to share this, but people would benefit if staff were able to engage in conversation about what was important for people. The registered manager told us of the system in place that reviewed people's care packages. From the sample of care records we looked at we found people had participated in review meetings periodically throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made. We saw recorded in team minutes that people's changing needs had been discussed.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People we spoke with and their relatives commented that they would speak to the staff and contact the office or the registered manager if necessary. One person told us they had no complaints about the service provided. One relative that did raise a concern told us the concern was responded to and the response was acceptable. Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was identified to them as a concern and they could resolve it they would do, but they would also speak with the registered manager.

We found that the provider had a complaints policy and procedure and that this was shared with people that used the service.

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People who used the service and their relatives were positive about their care package they received. One person said, "The service listens to you." A relative we spoke with told us the service kept them informed and that the communication was very good. They said, "The service provided [their relation] with effective and responsive care."

We spoke with three staff members who told us they felt very supported by the management. One staff member felt the support was consistent. They said, "The team meetings are open and informative." Staff had a clear understanding of the provider's vision and values for the service. This included an understanding of their different roles and responsibilities. One staff member said, "The registered manager is very approachable and listens to what I have to say." They also told us they felt other staff members were very supportive. Another staff member said, "The service is good to work for, they keep you updated and in the loop even when you are not working, so there are no gaps in information needed."

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. They told us they had regular supervision. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed.

The service had quality assurance systems in place that monitored quality and safety. People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole, and how it met their individual needs. In addition, the registered manager told us they sent questionnaires and we found the feedback was positive. We saw where issues had been identified these were addressed and action was taken.

The provider had additional processes in place that enabled the service to continually improve. For example, records were checked to review if people received the correct care. Where issues were identified, the registered manager discussed this with senior care workers in face to face meetings. We saw records that confirmed the registered manager and care coordinator met with senior care workers every three months, and these were planned for in advance. Any information that required communicating to care workers was provided through telephone and electronic contact as well as face to face meetings. Care workers we spoke with confirmed what we were told, and were positive about the communication systems in place.

Staff told us that management completed unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support they provided. Staff said that they received feedback on their performance and that this was helpful. We saw records that confirmed what we were told.

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from

reoccurring. The provider told us they believed that incidents and errors were a learning exercise and an opportunity to review and improve the service provided.

Staff were aware of the provider's whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. staff told us they would not hesitate to use the policy if required to do so.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.