

CompKey Healthcare Ltd

# Compkey Healthcare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Comkey Healthcare Ltd is a homecare service providing personal care to people within their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 20 people were receiving personal care from the service.

### People's experience of using this service and what we found

Improvements had been made since the last inspection. People's medicines were now managed safely, and they received them correctly. New staff had been subjected to the relevant checks to ensure they were of good character and safe to work for the service.

Staff had received training in various subjects relating to people's needs but their competency to ensure they understood this training had not always been adequately assessed. The provider had recognised the need to strengthen their assessments of staff competency and had already implemented some changes. However, further improvement was required to ensure staff understood all of the training they had received and therefore, we have made a recommendation in relation to staff training and supervision.

People received care that met their needs and preferences. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, some staff needed to improve their knowledge in relation to the Mental Capacity Act 2005. This was required to reduce the risk of people not receiving care in their best interests when they were unable to consent to it.

Risks to people's safety had been assessed and staff knew how to support people to reduce these risks. However, people's records required more information to ensure staff had all the guidance they required to meet people's specific risks. The provider agreed to immediately implement this. Systems were in place to protect people from the risk of abuse and there were enough staff to cover people's care visits in line with their needs and preferences. Staff took precautions to reduce the risk of the spread of infection. Lessons had been learnt when things had gone wrong to improve the quality of care people received.

People received enough to eat and drink in line with their needs and were supported with their healthcare needs if required. The service worked well with other professionals to ensure people received effective care.

Staff were kind, caring and compassionate. They respected people's privacy and treated them with dignity. People's independence was encouraged, and an open culture had been developed within the service, where they could freely express their views when they wished to without fear.

Complaints and concerns were welcomed by the provider as an opportunity to learn. These were fully investigated, and people were involved in this process. People's end of life wishes had been captured where

they had wished to give this information, and staff worked with other professionals to ensure people's wishes at this time were respected.

The provider had made improvements to their governance processes. The care provided to people was closely monitored and incidents or errors quickly identified and rectified. These revised governance processes need to be embedded within the service to ensure they remain effective. The provider demonstrated an appetite to continually improve the quality of care people received and was accepting of our findings of areas for improvement.

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 9 September 2019). At that inspection we found three breaches of regulation. This was because the provider had not ensured people's medicines were managed safely or their recruitment and governance processes were robust. Following that inspection, we imposed a condition on the provider's registration telling them they had to send us a monthly report in relation to the monitoring of the quality of care people received. This condition was complied with and is in the process of being removed from the provider's registration.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

This service has been in Special Measures since 28 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Compkey Healthcare 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. They were also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. They will be referred to as the 'provider' throughout this report.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We sought feedback from the commissioners of the service for their opinion of the quality of care provided. This information helped us to plan this inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Inspection activity began on 2 March 2020 and ended on 4 March 2020. On 2 and 3 March 2020 we spoke with three people and two relatives over the telephone about their experience of the care provided. We also spoke with five staff on the telephone. On 4 March 2020 we visited the office where we spoke with the assistant manager, quality assurance manager and the provider. We also received written feedback from one health and one social care professional.

We looked at various records including four people's care and medication records, three staff recruitment and supervision records and other information regarding how the provider monitors the quality of care people receive.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection people's medicines had not been managed safely. This resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the required improvements had been made. Therefore, the provider was no longer in breach of this regulation.

- People told us they received their medicines when they needed them. One person said, "Yes I receive them, they (staff) are first class." The medicine records we looked at showed people had received their medicines correctly.
- Staff had received training in how to give people their medicines. Their competency to do this safely had been assessed within the last 12 months, which is in line with best practice guidance.

### Staffing and recruitment

At the last inspection the provider had not ensured their recruitment procedure was robust to ensure new staff were of good character and safe to work within their service. This resulted in a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the required improvements had been made. Therefore, the provider was no longer in breach of this regulation.

- The provider's recruitment process had improved, and new staff had been subjected to the required checks before working for the service. This included references from previous employers, a full employment history and a Disclosure and Barring Service check to ensure they were safe to work within the care industry.
- People told us they always received their care visits. Some said staff were occasionally late but that they were informed of this. One person said, "They have run late on a few occasions due to road works and if someone needs more attention, but they usually phone to let me know."
- Staff confirmed they had not missed any care visits and were able to visit people as they were scheduled to do so. The records we viewed also showed people had not missed any visits.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe with the staff. The relatives we spoke with agreed with this.
- Staff demonstrated an understanding of safeguarding procedures and had reported any concerns appropriately. The provider had investigated these and acted to protect people from the risk of abuse. However, we found one incident that had not been reported to CQC as it should have been. The provider advised this was an oversight and reported it to us retrospectively
- Risks to people's safety had been assessed. Staff demonstrated good knowledge on how to reduce these

risks. However, records did not always give staff clear guidance on what they needed to do to reduce an assessed risk. For example, one person had been assessed as being at risk of developing pressure ulcers but there was no guidance for staff on what they needed to do to reduce this risk. The provider agreed to immediately review this and add in the relevant information.

#### Preventing and controlling infection

- Staff had received training in infection control and food hygiene and understood how to reduce the risk of spreading infection. For example, wearing gloves and aprons when providing personal care.
- The provider had recently reminded staff of the importance of regular hand washing in line with best practice, to prevent infection.

#### Learning lessons when things go wrong

- Staff understood the need to raise concerns when required. The provider had fully investigated any incidents raised. Where things had gone wrong, lessons had been learnt. For example, a staff member had received further supervision and training following a medication error.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People told us they felt staff were competent. One person said, "I would imagine they have received sufficient training. As far as I am concerned they are competent for my needs." However, one relative said they had raised concerns with the provider, as they felt new staff had not received appropriate training on how to move their family member safely. They confirmed this had now been corrected following their complaint.
- One incident had occurred where a person had not been moved appropriately and they had fallen, hurting themselves. Records showed a staff member involved had not been assessed appropriately prior to the incident to ensure they could perform this action safely. After the incident they had received revised training and supervision and the provider had recognised they needed to improve how they assessed staff competency. Therefore, they had recently implemented regular work based supervisions to enable them to do this. However, this only covered practical aspects of staff practice such as moving and handling or infection control. We found some shortfalls in staff knowledge in regards to non-practical subjects such as the Mental Capacity Act 2005.

We recommend the provider reviews best practice guidance to ensure they strengthen their competency assessments of staff, so they can be assured staff understand the training they have received.

- New staff shadowed more experienced staff and completed induction training when they started working for the service. Staff were supported to complete qualifications within the health and social care sector if they wished to do this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff sought their consent before providing them with care. One person said when asked if staff ask their permission, "Oh yes, they are perfectly alright with this. I have no complaints."
- Staff had received training in the MCA. Some had a clear understanding of this legislation and told us how they supported people to make choices. For example, by showing them different clothes they could wear. However, others demonstrated a basic grasp of the MCA which could increase the risk of people not receiving care in their best interests. The provider agreed to immediately review staff knowledge and give support as necessary.
- People's needs in relation to their ability to consent had been assessed. Information was in place to guide staff on what support people required to make certain decisions about their care. Only those who could legally consent to the care had signed the care record in line with best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs and preferences had been holistically assessed. This included people's physical, mental health and social needs. Any cultural needs or protected characteristics had been considered.
- Care was being delivered in line with the relevant legislation and the provider had invested in technology, such as an electronic monitoring system to enhance the quality of care people received. This would help them monitor that people's care visits were being completed in line with their requirements.

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

- People who required assistance to eat and drink told us they received this in line with their needs.
- Staff demonstrated a good understanding of people's needs in this area and any action they needed to take to reduce risks associated with not eating or drinking enough.
- People's care records provided staff with clear guidance on people's likes and dislikes in relation to food and drink. This helped staff ensure they met people's preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other services, such as the local authority when people started to use or left their service. This was to ensure they or the new service fully understood people's needs and requirements.
- People and relatives told us staff were vigilant to their/their family member's health and involved the relevant professionals when required. The provider said they had recognised that one person may benefit from some physiotherapy to assist their wellbeing. They were working with the person and relevant professionals to try to arrange a physiotherapy assessment.
- Records showed professionals had been involved in people's care when necessary. For example, occupational therapists had been contacted to assess people's moving and handling needs when staff had felt these had changed.
- The health professional we received feedback from told us they felt staff were responsive to people's changing health needs.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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 and relatives told us staff were kind and caring and treated them/their relative with compassion. One person said, "They (staff) are like two brothers I never had. They go beyond all requests without any bother at all and you couldn't get better. [My relative] often has problems with their hearing aid but staff will always help them with this." A relative told us, "I cannot fault them, they are very polite and respectful."
- People told us new staff were always introduced to them so they knew in advance who would be providing them with care. People said they saw regular staff which helped them build caring relationships with them.
- Staff demonstrated they knew the people they supported well. People's life history had been captured as part of their assessment to help staff understand them as a person.
- Records showed that staff would provide extra care and support to people when required. For example, one person contacted the service when they felt unwell. Staff had arranged medical care for the person and visited them in their home, to ensure they were safe and comforted.

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

- People told us they were freely able to express their views. Information was provided to people in different formats such as large print, to ensure they understood the care provided.
- People were able to give feedback on the service in several ways. This included through regular phone calls that were made to them from the office staff or face to face during a review of their care.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "I have no concerns. They (staff) are all very polite and no bother."
- Staff understood the importance of respecting people's privacy and treating them with respect. For example, staff told us how they would ensure people's curtains were closed and they were covered whilst providing them with personal care.
- People were happy their independence was encouraged by staff to help them remain within their own homes.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the care they received met their needs and preferences. They also said the service was responsive to their changing needs. The relatives we spoke with agreed this. One person said, "Yes the staff more than meet my needs. I am arranging with them to change my visits as [provider] suggested I only required a morning and night visit." A relative told us, "Yes staff meet [Family member's] needs. We have four calls a day. They are polite and helpful."
- The health and social care professionals we received feedback from said they felt the service was responsive and sensitive to people's individual needs.
- One relative and a health professional told us there had been some difficulties with communication with staff, due to most having English as a second language. The provider said they supported staff to learn English where this was needed. This included some staff attending regular classes on the subject. The provider confirmed staff whose English language needed improving, were always paired with a staff member who could communicate well in English.
- People and relatives if necessary, had contributed to the assessment of their/their family member's needs and preferences. Information was available to staff to provide them with guidance on how people wished to be individually supported.
- Staff told us they had enough information to understand how people wanted to be supported. They said communication about people's changing needs was good so they could ensure people received the correct care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed in line with the AIS. The provider told us staff used pictures to communicate with one person. They had also learnt some basic words in the person's native language which they had reverted to speaking. The provider said this helped staff communicate more effectively with the person.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have any complaints but knew how to raise a concern if they needed to. They also felt comfortable to do this. A relative told us, "I would speak to Compkey if I had any

concerns. I have never had to raise any issues, it has always been perfect." One relative told us how they had raised a concern in the past but that this had been listened to and the care was now better.

- The provider had fully investigated any concerns or complaints that had been raised. Meetings had been held with people and/or relatives when required and an apology offered when it had been appropriate to do so.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection visit.

- People's end of life wishes had been sought where they had wished to give these. These were documented within their care records.

- The provider told us they worked with various professional at this time, such as district nurses to ensure people had a comfortable death.

# 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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. Improvements had been made but needed to be embedded within the service. This was to ensure the service management and leadership remained consistent and that the culture created continued to be person-centred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to ensure that robust governance systems were in place to assess and monitor the quality of care people received. This resulted in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the required improvements had been made. Therefore, the provider was no longer in breach of this regulation.

- The provider had reviewed and improved their existing governance systems. These now need to be embedded to demonstrate a consistent approach to monitoring and driving improvement within the service.
- A programme of audits was in place to enable the identification of any shortfalls in the quality of care people received. For example, people's medicines were audited on both a weekly and monthly basis. Records showed when potential errors had been identified, they were followed up and investigated. The management team held regular meetings to discuss any errors found to see if any learning could occur.
- Some but not all areas we found during this inspection that required improvement had already been identified by the provider. However, they demonstrated an improved knowledge of regulation and an appetite to continuously improve. They were welcoming of our feedback and agreed to act where we found shortfalls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All the people and relatives we spoke with were happy with the care being provided. One person told us, "The staff are spot on, I cannot say a word against them." A relative said when asked if the service could improve, "Not really, it is perfectly fine. The staff are very friendly, caring and thoughtful."
- The provider had instilled an open culture within the service. People, relatives and staff felt comfortable approaching the management team and raising concerns if they needed to.
- Staff told us they felt supported in their role and valued. They said they enjoyed working for the service and understood what was required of them.
- The provider understood the duty of candour. They had apologised when things had gone wrong and involved the relevant people as necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked regularly for their feedback about the running of the service. Records we looked at showed people were happy with the care they received. The provider told us they would act on any negative comments as they were received.
- Staff attended regular meetings where discussions were held regarding key topics such as training and safeguarding. Their ideas for improving the service were sought and they told us they felt listened to and their opinions respected.
- The professionals we received feedback from advised the service worked well with them when providing support to people.
- The provider sign posted people to other services that may be of benefit to them such as Age UK, local day centres and the fire service to conduct fire safety checks.