

Compassionate Professional Care Services Limited

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Inspection report

Room 2, Gloucester House
72 Church Road
Stockton-on-tees
TS18 1TW

Tel: 01642548647

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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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Compassionate Professional Care Services Limited is a Domiciliary care agency providing personal care to adults living in their own homes. The service provides support to older people some of whom may be living with dementia, learning disabilities, autism and mental health needs and people with physical disabilities. At the time of our inspection the service supported 12 people within their home with personal care.

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.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to take part in activities and pursue their interests in their local area. The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report on people receiving poor care.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care.

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

Rating at last inspection:

This service was registered with us on 21 May 2021 and this is their first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture and because the service had not been previously inspected since registering with the CQC.

Recommendations

We have made recommendations about assessing risk and making sure risk assessments are in place to protect people where restraint is being used.

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 effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Compassionate Professional Care Services Limited

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection. An Expert by Experience made telephone calls to relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 September 2022 and ended on 05 October 2022. We visited the providers office on 22 September 2022, and we visited one person in their home on 22 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, two directors and four care assistants.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Robust risk assessments were in place for most risks and were reviewed regularly, however we found risk assessments were not in place for the use of restraint. For example, four people had bedrails fitted to their beds and there were no risk assessments to keep them safe.

We recommend the provider ensures risk assessments are in place to protect people where restraint is being used in line with best practice.

- Staff used an electronic care record system to record information to facilitate care plan reviews. This meant people's care plans were updated in response to any change in their needs.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could understand, and they knew how and when to raise a safeguarding concern.
- People felt safe and relatives were confident their family member was safe and well cared for. One relative told us, "The carers are brilliant, we have the same regular ones which means I am happy to leave the house and know [person] is looked after."

Staffing and recruitment

- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included obtaining references and checking employment histories.
- There were enough staff on duty to provide safe care to people. Call times were monitored, and feedback was sought from people to make sure they received their planned calls.

Using medicines safely

- Medicines were managed safely. 'When required', or PRN protocols in people's care plans were not always available and did not always include enough information as to when these medicines should be given or when additional professional advice should be sought. We fed this back during the inspection and the registered manager amended the records immediately to resolve this.
- Medicine records detailed what medicines were for and staff signed medicine administration records (MAR) to confirm they had administered medicines as prescribed.
- Staff had received training in the safe handling of medicines and completed an assessment of their

competency to administer medicines in line with best practice guidance.

Preventing and controlling infection

- The provider has effective infection control measures in place. Sufficient supplies of PPE were readily available for staff, such as disposable masks, aprons and gloves, however, masks were not always being worn in people's homes. We fed this back during the inspection and the registered manager put measures in place to rectify this immediately.
- There were appropriate policies and procedures in place to support staff to control the spread of infection. Staff had received training in infection control.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. Accidents and incidents were reported in a timely manner and reviewed to see if any improvements to people's care could be made. Staff knew how to and had reported any accidents and incidents when they occurred.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's characteristics under the Equality Act 2010 were protected. People were encouraged to be independent in their care. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be.
- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.

Staff support: induction, training, skills and experience

- Staff had necessary skills and experience to support people safely. Most staff had received mandatory training and the registered manager had sought further training, relevant to people's specific needs, to ensure staff knowledge was kept up to date.
- Staff consistently told us they felt supported by the registered manager. Staff had regular opportunities to meet with the registered manager, at planned staff meetings and staff supervisions. One staff member told us, "I can call [registered manager] at any time if I am struggling or I can just pop into the office to see them, they are always happy to help."
- The service checked staff's competency to ensure they understood and applied training and best practice. Families confirmed this, one relative told us, "They are well trained in what they do."

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

- People were supported at mealtimes to access food and drink of their choice.
- Staff involved people, wherever possible and in a way which met their personal preferences, around choosing food, shopping, planning meals, preparing food and cooking. One staff member told us, "I always ask them what they would like to eat."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One relative told us, "They encourage [person] to eat, they've helped [person] gain weight."

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

- People were supported to live healthier lives. Staff were knowledgeable about people's needs and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and the registered manager, as well as keeping families informed.
- Staff worked co-operatively with other health and social care professionals to ensure people received the care they needed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. They spoke about giving people choice and seeking consent before performing any task. One staff member told us, "I treat everyone with respect, I always gain consent before doing anything."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated with dignity, respect and kindness. This was reflected in the language used in daily notes and records, and by how staff spoke about the people they supported. Families confirmed their relatives were treated with kindness. One relative told us, "They keep [person] company, they're really good with [person].". Another relative said, "The carers really pay attention to [persons] needs, they really help us."
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.
- The registered manager was knowledgeable about staff skill sets and always matched people with a suitable designated support worker, this was to put people at ease, to be more engaged.

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

- The provider asked people for feedback about their care and about how the service was run.
- The culture of the service placed people at the centre of their care.
- People were given time to listen, process information and respond to staff and other professionals.
- Staff made sure people had the information they needed in the right format to make an informed decision.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knew when people needed their space and privacy and respected this.
- People were encouraged to be independent where possible. For example, one staff member told us "I try to encourage [person] to pick out what they would like to wear and dress themselves."
 - Staff knew people well. People were supported to lead active and fulfilling lives, doing activities they enjoyed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received care and support in-line with their needs, wishes and preferences. Care records supported the delivery of care and fully outlined people's equality characteristics. People and their relatives were extremely complimentary about their care. One relative told us, "They are absolutely amazing, [person] gets on really well with them, they actually care about [person] and make [person] laugh."
- People learnt everyday living skills by following individualised learning programmes with staff who knew them well. One staff member told us, "I try and encourage [person] to help with the cleaning, I never push [person] to help, I just take each day at a time with [person]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. The service had external support with communication strategies recently, such as with the use of Makaton.
- Documents could be provided in alternative formats if required, such as large font or easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to

- People were encouraged and motivated by staff to reach their goals and aspirations. People were supported by staff to try new things and to develop their skills. For example, staff were supporting one person to do some online learning after sharing with the carers they would like to better their skills.
- People were supported to participate in their chosen social and leisure interests on a regular basis. One staff member told us, "We take [person] to the local community centre weekly, [person] loves going."
- Staff were committed to encouraging people to undertake voluntary work. The registered manager told us they supported one person to volunteer in a café recently.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. At the time of our inspection the service had received

no complaints.

- People and their relatives felt able to raise any concerns. One relative told us, "If I or [person] had any issues, we would say."

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and systems were in place to provide this should it be needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people and staff well and promoted a transparent and open culture. They were open and honest throughout the inspection and recognised where additional improvements were needed and acted immediately on feedback given.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, families, advocates and other professionals had to say. One professional told us, "I am in regular contact with [registered manager], within regards to how [person] is, and any other relevant issues. I have always found [registered manager] approachable, professional and always putting the client's needs first."

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

- The registered manager understood their responsibility in relation to the duty of candour and the need to apologise, including reporting certain incidents to CQC, historically incidents were not notified to the CQC but the service now had systems in place to do so.
- Staff gave honest information and suitable support if something went wrong, and applied duty of candour where appropriate.
- Relatives were kept informed of any events or incidents that occurred with their family member. One relative told us, "[Registered manager] contacts us regularly to keep us updated. We also have meetings every six weeks to discuss [person]."

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. For example, the registered manager undertook regular audits looking at medications, care plans and call times.
- Staff understood their responsibilities and what was expected of them. Staff participated in team meetings and received supervisions. This gave staff the opportunity for learning and development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with the registered manager and staff to develop and

improve the service. One person told us, "If I had problem, they would sort it out, I had a questionnaire recently, I told them they were helpful, polite and worked well with me."

- People were actively encouraged to express their choices. The specific communication needs of people were fully taken into account by staff. One staff member told us, "[Person] likes to communicate with an iPad."
- Staff and management meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. This included the local authority who commissioned the service and healthcare professionals.