

Quality & Compassionate Care Ltd

# Quality & Compassionate Care Ltd

## Inspection report

First Floor, Unit 6-7, Eastgate Office Centre  
Eastgate Road  
Bristol  
BS5 6XX

Website: [www.qc.care.co.uk](http://www.qc.care.co.uk)

Date of inspection visit:  
22 November 2022  
01 December 2022

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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

### About the service

Quality & Compassionate Care Ltd is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were 10 people who were receiving 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

People were supported by staff who were respectful and who promoted their choice and control. People were happy with the care they received, and all felt the registered manager was approachable and accessible. People's care plans contained important information relating to their individual needs and who to contact in the event of an emergency.

People were supported by a regular staff team who knew them well. Staff respected people's wishes and care plans contained important information relating to medical diagnosis and if people lacked consent.

Staff felt supported by the registered manager and happy where they worked. People were supported by staff who were knowledgeable and who received training so they could support them with their individual needs.

The registered manager worked in partnership making referrals for people when required. Quality assurance systems were in place to monitor and identify areas for improvement in the service. Feedback was sought from people with regular telephone calls, reviews and provider and staff feedback questionnaires. Feedback received was positive.

The registered manager was passionate about their personal development and ensure the care provided was of the best possible quality.

### Rating at last inspection and update

This service was registered with us on the 29 October 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection to check whether the provider was meeting the legal requirements and regulations and to provide a rating for the service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Quality & Compassionate Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector and one Expert by Experience who spoke with people and their relatives on the telephone. 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 and flats.

#### Registered Manager

This service is required to have a registered manager. 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

We gave notice of the inspection. We needed to be sure the registered manager would be in the office to support the inspection. We also needed to arrange to speak with people over the phone.

Inspection activity started on 22 November 2022 and ended on 1 December 2022. We visited the location's office on the 22 November 2022 and on the 1 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from three health and social care professionals who worked with the service, however we did not have a response from them. The Expert by Experience spoke with three people and four relatives about their care experience.

We used the information the provider sent us in their Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the care co-ordinator. We reviewed a range of records including three care plans and three staff files in relation to supervision and recruitment. We looked at various policies and procedures, audits and the rostering computer system.

Prior to our inspection, we made calls to eight care staff and managed to gain feedback from five.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had a good understanding of abuse and how to keep people safe.
- Staff felt people received safe care and they knew who to report concerns to.
- The registered manager monitored safeguarding concerns. They had a good understanding of when to raise a safeguarding and who to go to.

Assessing risk, safety monitoring and management

- People's care plans were up to date and contained personalised and important information relating to people's individual support needs.
- Care plans contained environmental and individual risk assessments including how the person should be supported.

Staffing and recruitment

- People were supported by staff who knew them well. Staff confirmed they undertook regular planned visits to people who they had built good trusting relationships with.
- Comments from people included, "I have regular carers". Another person told us, "I have the same (staff)".
- People were supported by staff who arrived on time. One person told us, "Carers are on time, always".
- People were supported by staff who had checks completed to ensure they were suitable to work with vulnerable adults. Checks included, references, identification and a full Disclosure and Barring Service Check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The check helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff to receive their medicines safely. One person told us, "I get help from the agency. The (member of staff) makes sure I take the correct medication and I am confident I get it at the correct time".
- People's care plans contained important information relating to their medicines.
- People were supported by staff who received training in the safe administration of medicines.
- Medicines administration charts were audited by the registered manager to ensure people's medicines were administered safely.

### Preventing and controlling infection

- People were supported by staff who received training in infection prevention control.
- Staff had access to plenty of personal protective equipment.
- The registered manager undertook spot checks and a personal protective equipment (PPE) audit.
- People's care plans contained a risk assessment identifying any risks relating to COVID-19.

### Learning lessons when things go wrong

- Staff were responsible for logging incidents and accidents. These were logged within the daily communication record and on an online incident record which could be monitored and reviewed by the registered manager.
- The registered manager reviewed incidents and accidents in regular audits.

# 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 care plans contained important information relating to if the person had any sensory needs such as if the person wore glasses or hearing aids.
- Care plans contained information about people's religious beliefs.
- Information and details could be provided to people in an accessible way should this be required. During our inspection the registered manager showed us pictures which could be used by staff to support people with their daily living tasks. This included the different stages of cleaning your teeth step by step and having a shower and washing.

Staff support: induction, training, skills and experience

- Staff received an induction and at least two shadow shifts prior to working by themselves.
- Staff were supported to complete the Care Certificate, which is an agreed set of standards that defines the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- People were supported by staff who were skilled and knowledgeable in their role. Staff received training to ensure they had skills and knowledge to support people. Training included, fire safety, incidents and accidents, safe administration of medicines, first aid and moving and handling. Staff were also provided bespoke training to enable them to support people with their individual conditions such as dementia and mental health conditions.
- Staff received supervision, an annual appraisal and regular spot checks. This was an opportunity to identify any areas for development and what was going well.

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

- People's care plans contained important information relating to their diet and nutrition. Including people's likes and dislikes and what their wishes were for example at breakfast.
- Staff gave good examples of how they supported people with their dietary choice. One member of staff told us, "I cook whatever food they like".

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 by staff who would make referrals to health and social care professionals and seek medical attention should this be needed.
- The care co-ordinator gave examples of partnership working. Examples included, making referrals to

health and social care professionals, GP's and the local authority social work teams.

- People's care plans contained important information relating to the person's GP and any medical conditions.

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.

- Staff gave people choice to make decisions about their daily care and support. One member of staff told us, "I always talk to people, continually asking for consent".
- People's care plans contained important information relating to a medical diagnosis that could affect the person's capacity.
- Where people lacked capacity the MCA principles had been followed although two mental capacity assessments required answers to the questions because only comments had been recorded. The registered manager took immediate action to address this shortfall and they confirmed action would be taken to prevent it from happening again.
- Records confirmed if decisions had been made in relation to lasting power of attorney including finances and welfare. Details were held in people's care plans.

# 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 felt supported by staff who were polite and respectful towards them. One person told us, "The carers are polite and show respect". Another person told us, "All are very polite". One relative told us, "The carers are polite and kind. Very helpful".
- People felt supported by staff who enabled them to make decisions about their care. One person told us, "The carers let me do what I want". Another person told us, "I was involved at the start and I am getting all the care I need".
- People and relatives gave examples where staff respected and promoted individual diversity. One relative told us, "The carers speak the same language as me". They felt this was important as their first language was not English. One person told us, "One carer comes to make me food. She prepares food from my country. It is cooked well".

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

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted people's independence and daily choice around their routines. One member of staff told us, "I always ask (Name) what would you like to work on today or what would you like to do. Giving them choice".
- People were supported by staff who prompted people's respect, dignity and privacy. One member of staff told us, "I knock and wait to be asked in. How are they? How can they manage themselves? I always ask before doing anything". Another member of staff told us, "I always close the door and give personal space".
- People were supported to make decisions about their care and to express their views. One person told us, "I was involved at the start and I am getting all the care I need".

# 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's care plans were person centred and contained personal information relating to their individual likes and dislikes and how they preferred their daily routines to be provided.
- Both the care co-ordinator and the registered manager were responsible for undertaking initial assessments prior to people starting in the service. The registered manager confirmed they would ensure they were able to meet people's needs before taking on the care package.
- Monthly phone reviews were an opportunity to seek feedback from people including if their visits were suiting their individual needs.
- People and their representative had their views sought every 6 months. This was an opportunity to review people's risk assessments, their care needs and any changes. One relative told us, "At the first meeting with the agency (Person name) needs were really well discussed and recorded. We told the manager all the needs and she told us how they could be met".
- Daily records confirmed what support people received including who provided it, the time they arrived and the time they left.

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.

- No-one at the time of the inspection was requiring their information in line with the Accessible Information standard (AIS). The service had a policy should people require information in line with legal requirements.

Improving care quality in response to complaints or concerns

- People had access to a 'service user guide'. This contained information on how to make a complaint should people or their relative have one.
- People and relatives were happy with the care and support provided by the service. One person told us, "I have the contact details for the manager if I had a problem. But I have not needed to complain at all". Another person told us, "I have a telephone number of someone to contact if I have a problem, but I have not needed to".
- No complaints had been received by the service. Various positive compliments had been received. One compliment from a health and social care professional included, 'I have been really impressed with your

approach and professionalism in providing (name of person's) support'.

- Another compliment included, 'I have found them to be very competent, courteous, sensitive, accommodating. They work with (Name) with total compassion and always have (Name) dignity and needs first. I would highly recommend these people and this company to anyone'.

End of life care and support

- Care plans contained important information relating to people's individual conditions and diagnoses.
- No-one at the time of the inspection was being support with end of life care.

# 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; 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 staff felt it was a nice place to work with a great team. One member of staff told us, "It's a great team". Another member of staff told us, "I'm enjoying what I am doing".
- Staff felt well supported by the registered manager. One member of staff told us, "She's always there on the phone. Always on the ball".
- Staff received training in the duty of candour. All felt able to raise issues with the management of the service which they felt were approachable and accessible. One member of staff told us, "(Registered manager) is always there on the phone straight away". Another member of staff told us, "I enjoy where I work". Another member of staff told us, "It's a good company. Always contactable for anything".
- People felt the registered manager was accessible and approachable. One person told us, "The manager is very nice". Another person told us, "The manager is very accessible".
- The service had a positive philosophy of care. It aimed, 'To offer skilled care to enable people supported by us to achieve their optimum state of health and well-being'. To, 'Treat all people supported by (Quality & Compassionate Care) and all people who work here with respect at all times'.
- During our inspection we identified some improvements were required to paperwork following a change to the registered office address. For example, care plans had information of the old address and contact number for the service. The registered manager confirmed a new landline was in place now and people had been made aware of the changes via a letter. They confirmed they were in the process of updating all the paperwork to reflect the change to the office address.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook various quality assurance checks. These included auditing medicines administration records, safeguarding concerns, incidents and accidents, personal protective equipment, people's care plans and first aid equipment.
- Staff were clear about their roles and responsibilities and all felt well supported by their team and the management.
- The registered manager held staff meetings with people. These were an opportunity to discuss training, areas for improvement and any issues. Records confirmed this.

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

- People and staff views were sought through satisfaction surveys. People and staff had scored the service as, 'Outstanding'.
- People, relatives and staff all felt able to raise issues with the registered manager if needed. One person told us, "Always on hand to speak". Another person told us, "I have all their numbers for the office".

Continuous learning and improving care; Working in partnership with others

- The registered manager was passionate about their ongoing development and providing good quality care. They confirmed they attended webinars and conferences such as, Skills for care, National Autism Society and provider and registered manager meetings.
- The registered manager worked in partnership with others. This included liaising with the local authority and other providers and registered managers through forums and a mentoring programme.
- The registered manager was keen to continue to improve people's experiences. During the inspection they shared future ideas and areas they wished to improve and expand on. Including gaining feedback from people more often.