

Compassionate Care Ltd

# Compassionate Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Compassionate Care Ltd is a domiciliary care agency that provides personal care to people living in their own homes. The service provides support to adults, people with dementia, people with mental health conditions and learning disabilities and people with physical disabilities and sensory impairments. At the time of our inspection there were 22 people receiving personal care at the service.

### People's experience of the service and what we found:

The service had effective systems to monitor quality and drive improvements. The provider was proactive in addressing concerns and where things had gone wrong. People told us they were supported by a regular staff team. The service had an effective system to monitor care delivery. Staff and people using the service told us they felt able to speak to the management team at any time. Staff felt supported by the new management team.

Care plans were personalised and contained sufficient detail to support people with any identified risks. The service raised safeguarding concerns appropriately and supported people throughout. Staff were recruited safely.

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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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.

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

### Rating at last inspection

The last rating for this service was good (published 9 June 2018.)

### Why we inspected

The inspection was prompted in part due to concerns received about staffing, call times and the relationship between staff and the management team. A decision was made for us to inspect and examine those risks.

### Follow Up

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

inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

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## 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 1 inspector.

#### 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 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 not a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 reviewed the information we had received since the last inspection.

We used all this information to plan our inspection.

During the inspection

We reviewed documents related to the running of the service including 3 care plans and 3 staff files. We also looked at quality audits and concerns. We spoke with 6 staff including the interim manager, care coordinator, quality manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 relatives of people being supported and visited 3 people using the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. The service had an appropriate safeguarding policy in place. Staff had received training in safeguarding.

Staff demonstrated good knowledge of safeguarding concerns and how to raise them appropriately.

People told us they felt safe when being supported by staff.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

People had appropriate risk assessments in place to support them with their needs. Staff told us they read people's care plans and risk assessments before supporting them.

Staff contacted other agencies when people needed additional support and facilitated the delivery of resources such as new beds to support them with their identified risks.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

Prior to the inspection we had received concerns that there were not enough staff to meet people's needs and that people's care calls were being missed. The service had undertaken significant work to reduce these concerns.

Staffing rotas had been amended to ensure staff had sufficient time to travel between calls and to allow for breaks. This gave the management a clear oversight of their capacity before accepting additional people to use the service. Staff gave positive feedback about the changes which had been made. One member of staff told us, "It is absolutely brilliant now."

The provider operated safe recruitment processes.

Most checks were completed on staff for safe recruitment. We found 1 example where a person's most recent references had been obtained, however they had also previously worked in health and social care and a reference was not obtained for this employment. We brought this to the attention of the manager.

Using medicines safely

People were supported to receive their medicines safely.

Medication records showed that people received their medication when required. We found 1 example where the amount of liquid for thickener was not recorded. This was updated during the inspection.

Some people received medication 'as and when required'. There were clear protocols in place to support the administration of this medication.

The service had clear systems to ensure that staff who administered medication were competent to do so. Staff received multiple competency assessments and training before administering medication

unsupervised.

People gave positive feedback about the support they received with their medication. One person told us, "They [staff] are very good at checking the dates."

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

Staff told us they had access to personal protective equipment (PPE). Staff were subject to regular supervisions which included monitoring the safe use of PPE.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. The service responded appropriately to concerns and made improvements to support staff and people safely.

Is consent to care and treatment always sought in line with legislation 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's capacity was recorded. We saw examples where people and their families were involved in decisions discussed in their best interest.

Staff demonstrated good knowledge of capacity and receiving consent.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

Staff and the management team were focused on supporting people as individuals to achieve their goals, such as remaining in their own home and supporting their independence. Relatives gave examples of the high level of support staff had provided to support people with other professionals and reduce their anxieties. One relative told us, "It is great to have someone there who is interceding."

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 provider understood their responsibilities under the duty of candour.

The management team understood their duty of candour responsibilities. Staff had also received training on the duty of candour.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

At the time of the inspection there was no registered manager in post. The service had appointed someone who was due to start at the service the following month. There was an interim manager in place during this time. The interim manager had implemented new and effective systems to ensure the staffing levels safely met the needs of the people using the service.

There was a robust quality assurance framework in place at the service. The service had prioritised the concerns they had received and had plans to further improve the service.

Management staff monitored the online call monitoring system and contacted staff in real time, where necessary, to ensure people were receiving their care.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

Staff had recently raised concerns about the ability to speak with management and the office team. In response, the provider held meetings with the management team to discuss how this could be improved. This had led to the implementation of a QR code system where staff could raise concerns directly to the quality manager.

People told us if they had any concerns or queries they knew they could contact the office and they would be responded to. One member of staff told us, "The [manager] is brilliant, they are always on the end of the phone." Another told us, "The [manager] gets back to us straight away."

#### Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received. Following complaints received, the service had taken significant steps to drive improvement at the service and implement new systems for sustainable change. One relative told us, "They [staff] are incredibly responsive. They go above and beyond. They really have sorted it out."

#### Working in partnership with others

The provider worked in partnership with others.

We observed staff contacting other professionals to seek updates on people who were currently in hospital and were proactive in supporting people to safely return home.