

Compassion PLUS Healthcare LTD

Compassion PLUS Healthcare

Inspection report

Devonshire Business Centre
Works Road
Letchworth Garden City
Hertfordshire
SG6 1GJ

Tel: 01462416101

Website: www.compassionspluscare.com

Date of inspection visit:

30 October 2019

06 November 2019

14 November 2019

Date of publication:

18 December 2019

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

Compassion PLUS Healthcare Ltd is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to adults aged 65 or over. At the time of inspection, the service was providing personal care to five people.

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

People felt safe. One person said, "I feel safe and happy with everything they do for me." Risks associated with care and the environment were recorded and monitored. There were enough staff to meet people's needs in a consistent and flexible way. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Systems were in place to recruit staff safely. Staff administered people's medicines when required and these were safely managed.

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. Consent to care was sought and staff understood people's rights to make their own decisions. Staff received training in key areas, and plans were in place to source further training for staff. Staff received support to enable them to carry out their roles effectively. New staff received an induction and shadowed the management team as part of this. Systems were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary.

People told us staff were kind and caring. They had built meaningful relationships with staff and felt they mattered and were listened to. Staff were aware of the importance of promoting people's dignity and maintaining their privacy.

People's needs were assessed before they began to use the service and care plans were developed from this information. Care plans contained information for staff to support people according to their needs. A system was in place for responding to people's concerns and complaints. People felt confident to raise any concerns. No person required end of life care at the time of inspection.

People, their relatives and staff felt the service was well led. Quality assurance systems identified where the service needed to improve and ensured the service was safely managed. The registered manager was responsive to any issues raised during the inspection and demonstrated a passion and enthusiasm for driving improvements where identified.

You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Compassion PLUS Healthcare Ltd on our website at www.cqc.org.uk.

Rating at last inspection and update:

This service was registered with us on 01/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's registration date.

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 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 ●

Compassion PLUS Healthcare

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

This inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 October 2019 and ended on 14 November 2019. We visited the office location on 14 November 2019.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with two members of staff and the registered manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

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 for 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; Learning lessons when things go wrong.

- People told us they felt safe. One person said, "I feel very safe and I am very happy with them." One person's relative said, "[Person] is definitely safe with them and they are very proactive in contacting us for anything they find that is not right." Where incidents occurred, such as staff noting a mark or bruise, this was thoroughly investigated and responded to.
- Staff received training on how to keep people safe from harm and those staff spoken with understood the types of abuse that could occur. Staff were clear about their roles and responsibilities, and how to report their concerns, both to the registered manager and also to the local authority or CQC. We saw from records that the staff and the registered manager did not hesitate in reporting their concerns to the appropriate authority promptly.
- The registered manager and staff were able to tell us about incidents that had occurred and how they had reviewed their practice and taken action to reduce the likelihood of recurrence. The registered manager was continually developing their meetings, supervisions and communication to ensure lessons learned was part of their monthly discussions.

Assessing risk, safety monitoring and management

- Staff regularly assessed and mitigated the risks to people's health and wellbeing. Information guided staff in how to safely mitigate these risks and manage people's health needs.
- Where needs changed, such as risk of falls due to poor mobility, people's needs were quickly reviewed, and appropriate action taken. For example, one person used two walking sticks to mobilise. They experienced a number of falls over a short time, so staff contacted the occupational therapist and requested a walking frame. Once a frame was provided, no further falls were experienced. We saw the same proactive approach from staff in relation to other areas such as skin integrity, nutrition and medicines management.
- Staff frequently checked that equipment used was safe and serviceable. The registered manager had developed personal evacuation plans with people to enable them to safely evacuate their home in the event of an emergency.

Staffing and recruitment

- People told us there were enough staff to support them. One person's relative said, "Carers are very reliable and always on time. Never cancelled any visits."
- People told us they were supported by the same care staff and told us they knew them well.
- People and relatives told us that when new staff began working they were introduced to them. The registered manager told us, "Staff are matched with people, giving an opportunity for them to meet the carer before. If people said they didn't like the carer they would change. This happened for [person] and

another who didn't like their carer, just a personality clash, so it was changed." This was to ensure the staff member would work well with the person and people were provided with consistent staff who they knew.

- Robust checks were undertaken in line with the service's own procedures, to ensure new staff were of good character and able to work in this type of service.

Using medicines safely

- People and their relatives told us staff administered these as the prescriber intended. One person said, "Yes, I get my tablets when I need them or if I feel a bit under the weather I can ask for a paracetamol or whatever I need."

- Systems were in place to safely collect and manage people's medicines. Records were maintained of medicines received, and the registered manager completed regular checks of the records and medicine stocks.

- Staff who administered medicines were suitably trained and their competency was regularly reviewed. Records were completed accurately as required.

Preventing and controlling infection

- People were cared for by staff who practiced good infection control processes. Staff told us they had the required personal protective equipment [PPE], which included gloves and disposable aprons, antiseptic wipes and guidance on hand washing. These practises were confirmed by people and their relatives.

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

- Prior to using the service an assessment of people's needs was carried out and people were able to be involved in choosing the staff that supported them. This assessment included people's physical, mental health, communication and social needs. This was carried out seeking the views of the person and their representatives, such as family and other professionals involved in their care.
- These assessments carried out helped to ensure the service could meet people's diverse needs and to provide care to people that met national guidance and best practice. One person's relative said, "They came into the hospital and inspected [person's] bungalow before the service started. We were asked about our views and these were written down. When they were in hospital they wanted [person] out very quickly and I have not had time to think about everything. I am happy and content that [person's] needs are met, they are safe and in their own home."

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the registered manager and received the training they needed to support people's individual needs. One staff member said, "When I have supervision I am always asked if there is anything specific training wise I want, and they will get it. Supervision is what I expect from a professional. We always discuss people, issues, training and any other issues. If I had any personal issues I could raise them."
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. Once considered competent, they were then able to work unsupervised.
- The registered manager continued to develop their training programme which was based upon the specific needs of people using the service. This helped to ensure staff had the specific skills and knowledge to support people individually.

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

- People who required assistance with their eating or drinking received this appropriately and in line with health professionals' guidance. Staff prepared some people's meals which followed both their preferences and offered healthy options. People's specific dietary needs, such as consistency, texture or allergy was documented in their care records and provided care workers with guidance on how to meet these individual needs.
- People told us staff would leave them with refreshments and snacks within reach. If staff suspected people were at risk of weight loss they would inform the appropriate person.

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

- The registered manager told us how they worked well with other professionals involved in people's care, including GP's and district nurses. We saw from care records and people also told us how good relationships with other professionals had helped achieve good outcomes for people.
- Staff referred people quickly when there was a change to people's health or wellbeing. People were able to freely access the GP or any health professional necessary such as occupational therapists. Guidance and care plans from these referrals formed the basis of the care plan to instruct staff.
- People's care records included information about people's specific conditions. Staff were all aware of the support people required and who to contact if people's health deteriorated.
- When people attended an appointment, staff or the registered manager supported them to do so. This helped to ensure that people were involved in decisions and subsequent monitoring about their health.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was identified in care records. No person at the time of the inspection lacked capacity to make their own decisions. However, the registered manager had assessed capacity regardless of considering if this applied. This was not in line with the principles of the MCA 2005. They told us they would review their practice and only assess if they believed the person may lack capacity.
- Staff had received training in how people's consent should be sought. Where people may lack capacity, staff were clear that the persons views and opinions must form the basis of the decision made.

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 told us staff were caring and respectful. One person said, "Staff are very kind and nice to me. They help me with everything and I have no issues." One person's relative said, "I am impressed with all the care staff I met so far. They all have a caring attitude and are very respectful." People told us staff respected them as individuals.
- Staff had developed positive relationships with people. This enabled staff to understand people's preferences and they used this knowledge to care for them in the way they liked. One person's relative said, "Myself and my [relative] were in the house a couple of times when they visited, and we were impressed how beautifully they care for [person]. They greeted them and gave them the respect and attention they need."
- All staff spoken with, including the registered manager, spoke about people in a passionate and caring manner. Staff and the registered manager understood equality, diversity and human rights and people's differences were respected. People told us these values helped them feel equal to the staff caring for them and that by listening to people, also their diverse backgrounds. One person said, "I am a lot older than them [staff] but that doesn't matter, we get along together."

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

- People were central to the care they received. People told us they were involved in care reviews and records demonstrated their views and choices were listened to and used to plan the care they received. One person's relative said, "When they have done the assessments they listened to [person]. I was involved and they listened to what I had to say but they acted in a professional, caring and friendly way with [person]. They understood how emotional it was knowing [person] needed care because of their illness. They put [person], myself and the rest of my family at ease seeing their attitude."
- Staff were aware of when people required some additional support from relatives or other organisations.
- People and their relatives felt valued and important. They felt their views, opinions and anxieties were understood by the management and staff team and positively responded to. One person's relative said, "They contact me regularly just to see everything is ok, and also if they need to sort something out or to let me know something. Our opinion is important to them I think and we all feel valued. I cannot fault them at all."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to support people's dignity and independence. Staff had developed meaningful relationships with people and were clearly aware of their needs and preferences. People told us they

received care in a way they liked and that did not make them feel uncomfortable or exposed.

- People felt staff supported their dignity and independence. One person's relative said, "Whilst they do support [person] they also encourage them to be independent and this is what we want. We are hoping that [person] will get better and will need less support in time." People knew the staff that supported them and knew they could change those staff if they felt uncomfortable with them.

- The registered manager frequently met with people to review the quality of care. Part of these regular discussions were about how people's dignity and independence were supported.

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

- Staff were responsive to people's changing needs and delivered care in a manner that people chose. People's relatives confirmed this and told us they were kept informed where appropriate. One relative said, "The service is tailored to person's needs in a caring and compassionate way and we are very happy."
- People's specific needs and preferences were assessed and met. This was carried out by a management and staff team who knew them well.
- People's care was regularly kept under review and any changes made when needed. People were included in reviews, as were their representatives including relatives, where appropriate. Staff were aware of people's preferences and choices and respected these.
- Staff took time to get to know people's interests, hobbies and relationships that were important to them. Staff spent time with people engaging in things important to them. For example, watching television, completing puzzles and talking about day to day things. The registered manager was also developing links with community organisations to prevent isolation. For example, one person had been referred to a local organisation who befriended people and reduced isolation. This had reduced this person's anxiety and feeling of isolation and improved their wellbeing, enabling them to develop friendships.

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 care records identified how people communicated and guided staff on the best ways to communicate effectively with them.
- Staff were aware of how to communicate with people in a manner that suited them. For example, staff used a diary to record activities, appointments and general things occurring through the day. They were able to use this to communicate with one person to help explain what they needed to do that day. This person's relative told us this helped the person's memory and removed a lot of the frustrations they had when planning their day.

Improving care quality in response to complaints or concerns

- A policy was in place that informed people, relatives or professionals how to make a complaint. People told us they felt confident in raising their concerns or having their relative do this on their behalf. People and relatives felt confident the registered manager would deal with complaints appropriately.

- No complaints had been received in the previous twelve months. However, the registered manager did respond swiftly when people raised a concern. The registered manager discussed those concerns with staff to reduce the chance of recurrence or it developing into a more significant complaint.

End of life care and support

- No person at the time of the inspection was being supported with their end of life. However, further development of this area was required to ensure staff explored people's preferences and choices in relation to end of life care. This was because a sudden death may occur.
- The registered manager had developed links with a local hospice. They told us they would further develop this to ensure staff were provided with appropriate training and development.

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

- People and relatives knew the registered manager well. They told us the registered manager was visible, accountable and led by example. One person's relative said, "I chose and contacted the company because they have the right ethos and values and staff adhere to these. I am in contact with the manager via phone calls and e-mails so if I have any concerns I am sure they will listen."
- Staff were positive about the support provided to them. One staff member said about the registered manager, "Leads from the front and supports us all very well. They are a good manager; the support is always there." A second staff member said, "It's a people first company, that's what we do and why I like working here, our [people] are the most important in what we do and that comes from the top."
- The registered manager's positive and person-centred ethos of the care provided to people underpinned the positive outcomes that people experienced as evidenced in this report.

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

- Regular meetings were held with people and their relatives to seek their views about different aspects of the service. The registered manager regularly visited people in their homes and kept them informed of developments and their views and opinions were sought.
- Staff told us meetings were regularly held, were informative and they felt their opinions and ideas were valued. Staff gave an example of where they wanted to be able to share ideas or seek support across a secure social media platform. The registered manager listened and took this forward. One staff member said, "We have a [message] group that we as staff can share information and seek support. It helps us keep up to date with any changes to that person, we are then aware."
- The provider carried out regular surveys of the quality of care people received. This was through formal surveys and through discussions. Actions arising from these were shared with people, relatives and staff for review. Recent feedback demonstrated people and relatives felt the care provided was of a high quality.

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; Continuous learning and improving care

- The registered manager told us they promoted transparency within the team. They said when incidents occurred they used these as opportunities to develop staff practise, being open with people and relatives always trying to make things better for people. We saw individual examples where this approach had been

followed.

- The management team kept up to date with current research and good practice. They regularly reviewed this and passed this information to staff to ensure that people were given the best possible care and support.

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

- The management team were open and knowledgeable about the service and the needs of the people they cared for. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. Staff were also clear about their role and the reporting lines.
- A quality assurance system was in place to ensure that staff gave high-quality care. The registered manager carried out regular audits which identified areas for improvement. Themes and trends from falls, incidents, injuries etc were shared with staff. This included monitoring calls for lateness of which only one had been identified in the previous twelve months. Action plans were in place to address any shortfalls. The registered manager told us they would share action plans with staff and relevant others to improve transparency. This they said would ensure all involved in the delivery and receipt of care were aware of the organisational and strategic objectives to be achieved.
- The registered manager told us that they were looking at further developments of the whole service. This included further development of the monitoring system used by exploring how they could use electronic systems to support and monitor effective care delivery.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager was developing local links with organisations who may be able to support and signpost people to appropriate care agencies and social groups.