Compassionate Care Team Ltd

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Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Compassionate Care Team Ltd is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Retford, Worksop, Ollerton and Edwinstow. At the time of the inspection visit there were 70 people using the service.

People's experience of using this service and what we found
Systems were in place to safeguard people from abuse. Risks were assessed and safely managed. Medicines were managed safely, procedures were in place to support this. Some adjustments to a new electronic system needed to be made to ensure that staff were fully aware of when PRN should be administered. Safeguarding issues and complaints were analysed, and improvements were made. Staff were recruited safely. Sufficient numbers of staff were available to meet people's needs.

People's needs were assessed, and outcomes were met. Staff told us they received the training they needed to do their job well. People told us their nutritional needs were met. Care records described the support required to assist people with swallowing risks. People told us they were supported to access healthcare if they needed it. People's consent to care was recorded in their care records. 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.

People consistently told us the staff team were caring and kind and they were fond of their regular staff. The provider had the interests of people at heart - staff and people confirmed this. People were given the opportunity to express their views and told us staff listened to them. Staff demonstrated a good awareness of how to maintain privacy and dignity.

People were receiving care which was responsive to their needs. People were consulted about the care they receive and were asked for feedback. People consistently confirmed they were fully involved in the development of their care plans, although some people told us they had not had reviews of their care plans recently. Care plans contained sufficient detail to meet people's basic needs but required more information about people's likes/dislikes and a fuller history of people's lives. Complaints were managed and fully reviewed to ensure lessons were learnt.

The provider had a clear vision. Staff told us leadership was visible, accessible and managers lead by example. Staff were complimentary of the support they received from the management team. The provider recently implemented a new electronic care system. The system has improved the way care is recorded, incidents are reported, and information is shared within the team. Some people have expressed frustration with the new electronic care system and told us they did not have access to their information. The provider was looking at ways to improve this. Staff told us morale in the team was good.

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

Rating at last inspection (and update)
The last rating for this service was Requires Improvement (published 30 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was 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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Compassionate Care Team Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. 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 homes. 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.

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. 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 16 people who used the service about their experience of the care provided, we also spoke with four relatives. We spoke with three care staff, the office manager, the assistant manager and the registered manager. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Systems and processes were in place to ensure risks associated with people's care and support was managed effectively.
- The environmental safety of people's homes was assessed to ensure that the delivery of care and support could be carried out safely.
- Records showed risks associated with people's health conditions were assessed. For example, one person was at risk of their skin deteriorating. A risk assessment was in place which described the support needed to reduce the risks and ensure the person did not develop pressure ulcers in the future.
- Staff told us they were aware of people's risk assessments and had read them. One staff member told us, "Everybody has them on their profile on [electronic care management system]. It is simple and saves time having to trawl through paper. If I am off at the weekend I can log on before I return to work and catch up with any changes."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with consistently told us they felt safe when staff were supporting them. They told us staff used key safes appropriately and locked up as requested when leaving their homes helped them feel safe and secure while living independently.
- The provider had a whistleblowing and safeguarding policy which the staff were aware of. One staff member told us, "They [policies] are on the website which we can access."
- Records showed staff were provided with regular training to ensure they were aware of the signs of abuse and how to report concerns if needed. One staff member said, "You might see bruises or scratches. Sometimes you might notice what people say doesn't seem right. If I saw it or heard anything I'd report it straight away."

Staffing and recruitment

At our last inspection the provider had not followed their own recruitment policy and had not completed relevant pre-employment checks before staff carried out a regular activity. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

● Staff rostering records showed staffing levels were sufficient to ensure people received the care they required. The registered manager told us that agency care staff were not used.
● People told us there were very few missed calls. People's experience of late calls was mixed. One person said, "My calls are almost always on time and I get lovely regular carers, so I feel very lucky." Another person said, "It's holidays and weekends when calls can be late if they are short staffed. I have waited for up to two hours when they are stretched." The provider told us they provided an on-call service out of hours and at weekends to cover staff sickness.
● Records showed pre-employment checks were carried out prior to staff commencing employment. References and proof of identity and right to work were obtained, and staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely
● Care plans and risk assessments described the support people needed to ensure medicines were administered safely. Some people needed support to take medicines on an 'as needed' basis. The provider had recently moved to an electronic care management system and information about when to administer medicines on an as needed basis was not clear. We brought this to the providers attention and measures were quickly implemented to adjust the system so staff could see this more clearly.
● People told us they were happy with the support they received to take their medicines.
● The provider had a policy relating to medicines which reflected current best practice guidance and was reviewed. Audits of medicines administration were carried out regularly.
● Records showed, and staff confirmed they received training to administer medicines safely. Observations of staff competence were carried out regularly. One staff member told us, "Yes, we have medication training online on the website. We have observations, actually it is part of my role to observe staff and make sure they do it correctly."

Preventing and controlling infection
● Records showed all care staff received training about infection control.
● People told us care staff wore gloves and aprons when carrying out personal care.
● Staff were provided with food hygiene training to ensure good hygiene was maintained when supporting people with preparation of food.

Learning lessons when things go wrong
● There was a system for reporting accidents and incidents, which staff were aware of. One staff member said, "It is all logged on to [electronic care management system] and we have to let the on-call know."
● The provider had developed a robust system to analyse accidents, incidents and safeguarding concerns. The system involved rating the severity of the incident. Incidents which were considered high severity were escalated to the registered manager immediately. A matrix off all incidents was kept enabling the registered manager to have an overview. Action plans were developed to ensure lessons were learnt. Where people had been affected by an incident a full explanation was provided to the person along with a full and frank apology.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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
● Initial needs assessments were routinely carried out before people used the service. The information obtained from the assessments was used to develop care plans and guidance for staff. Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.
● The provider explained the process for accepting new referrals and carrying out pre-admission assessments. "We receive some basic information about the person (from the local authority or clinical commissioning group) and they enquire if we have capacity. Once we say we can do it, they send an agreement through. Then we go out and do an assessment with the person and/or their relative. We need to make sure the information we have been given is correct and we can meet the person's needs."

Staff support: induction, training, skills and experience
●Most people told us they thought the staff had enough training to meet their needs. A few people said they thought some care staff would benefit from further training. One person said, "They seem well trained to me, I've never had any problems." Another person said, "Some of the carers don't know how to give a good wash, the more experienced ones are better."
● Staff received a comprehensive induction programme. This included a period of 'shadowing' where new staff work alongside more experienced care staff before providing care and support to people on their own. The induction also involved completing the care certificate and essential training to meet people's needs.
● Staff told us they received the training they required to do their jobs well. One staff member told us, "Yes I do and if I thought I was not sure about something I can ask for more training if I need it."

Supporting people to eat and drink enough to maintain a balanced diet
● People were responsible for providing their own food and drink. Some people required support to prepare meals and drinks as part of their care and support.
● People told us staff prepared meals they wanted. Some people said they would prefer more meals prepared and cooked from scratch but were aware that time for preparation was limited.
● One person told us, "If I am feeling a bit down the carers know that bacon and eggs will cheer me up, so they make that for me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider had developed relationships with other professional health and social care agencies. The

registered manager told us, "We work with the clinical commissioning group, the district nurse team, occupational therapists and physiotherapists. We have also built good working relationships with the local authority and the hospital discharge team."

● Records showed advice provided by health and social care professionals such as speech and language therapists were included within peoples care plans. This meant professional advice was acted upon.

● Care records showed people were supported to access healthcare services such as the GP if they needed it.

● Several people told us care staff had contacted a GP or called an ambulance when they had been unwell. One person said, "I was poorly a few weeks ago and the carer rang the doctor and stopped with me until the doctor arrived, bless her." A relative told us about one isolated incident when their relative was left to call the GP themselves when they were feeling unwell. We spoke with the registered manager who committed to investigate the matter further.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA and found that 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.

● Care plan records included evidence to confirm people had agreed and consented to care being delivered in the way they had agreed.

● Staff received training regarding the MCA. One staff member said, "it is there to protect people if they are unable to make decisions. Sometimes they have a family member help make a decision in the persons best interests."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 we spoke with were very complimentary about the regular care staff who they knew well. "My regular girl, she's always bubbly and ready for a chat. She really cheers me up." Another person said, "These carers are kindness itself, they're lovely people." "I do love my carers, I'd be lost without them said another."
- Staff consistently told us they would recommend to the service to a relative or friend. One staff member said "I recommended my [relative]. Because I know the staff are so caring and [registered manager] is really good with everything and I know they would be really happy with us"
- Staff were provided with training to understand the principles of equality and diversity. The registered manager told us, "We take people's cultural preferences into account when we carry out assessments. We have provided support to a person from another country who wanted staff to cook food which was culturally relevant to them. We had to make sure the staff knew how to prepare and cook the food."

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

- People and relatives consistently told us staff gave them choices and options. People said staff would be flexible about care tasks and listened to them if they wanted a different task doing. One person said, "The carers will do what I ask really, yesterday I wanted the bed stripped instead of hoovering and they did that. They just got stuck in." A relative told us, "The carers always ask [relative] if they want a shower or a body wash. It is completely up to them."
- All people and relatives we spoke with could recall being involved in drawing up their original care plans. "I do feel fully involved in all the decisions about [relative's] care."
- Records showed people had signed to confirm their agreement and involvement in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was promoted as much as possible. One person said, "The carers know it is best for me to get out of bed and be sitting in a chair, so whenever they can they get me sitting up in a chair for the day, so I am able to do more things for myself." Another person said, "I've just started using a Zimmer frame, so the carers help me in the morning to gain more confidence walking. I am better at moving around now."
- People told us regular staff treated them with dignity and respect and their privacy was protected, including closing doors and curtains and covering people up with towels during personal care tasks.
- Staff corroborated what people had told us about promoting people's independence whilst respecting their dignity. "You give people choices if they are capable let them do as much as they can for themselves. You provide a towel to cover private areas up. Let them choose their own clothing. Sometimes it is about

offering different choices and making suggestions too."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

● The provider had recently moved care records on to a new electronic care management system. Care plans contained enough basic information to provide care to people. However, they did not contain enough personalised information about preferences and life history to provide an insight into them as an individual. Some people told us less regular staff were not familiar with them. One person said, "We used to have two main carers, but they left. Now we have a team of about 12 and it could be any of them."

● Views from people about reviewing care plans was mixed. Some people told us they were involved. "Every month the supervisor comes out twice over two days and asks me questions. Then they put all the answers into the phone and then they send me a copy." Said one person. Some people we spoke with could not recall having a review. One relative told us their relative was discharged from hospital and the rapid response team made recommendations for earlier calls to avoid the person falling when getting out of bed. The relative told us despite passing this information on to the service a formal review did not take place.

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.

● Some people told us the new electronic care management system had restricted their ability to see information about them. Only one person we spoke with could fully explain the new electronic system to us. One person told us, "I do miss the notes, I used to read the sheet every day, and now I don't know what they are saying about me." Another person said, "The carers use their phones now to do their notes, so I don't have the notes in the kitchen like I used to. I think that is a shame."

● People had the option to pay a charge to have access to their care records, but some people we spoke with were unhappy being charged for this. We raised this with the provider, who acknowledged the impact this was having on people. We saw the benefits the new electronic system was having toward the effectiveness of managing care. Staff were very positive about it and told us it had improved the way care was recorded. The provider assured us they would communicate with people using the service and would offer a compromise for those people who were not familiar with technology.

● The provider told us how they met people's communication needs. "We can provide information in large print. Previously we have translated information into Polish for someone. We put basic words with facial expressions on flash cards in Polish, so the person could tell us the level of pain they were in."

Improving care quality in response to complaints or concerns

● The provider had a complaints policy which people were aware of. Records showed the provider had fully investigated all complaints and had provided people with full written apologies where the service was at fault. For each complaint the provider had a lessons learnt form to ensure a reflective process was applied and similar issues did not arise again in the future.
● All people we spoke with knew how to contact the providers office if they needed to complain. Some people said they preferred to talk to their care staff about issues and knew these would be passed to the office. Some people said they regularly contacted the office or the registered manager and thought staff in the office listened to them and tried to help. One person said, "The office staff are pleasant and polite. I've had a few niggles and they have sorted them out quite quickly."

End of life care and support
● At the time of inspection, the service was providing care to one person who was at the end of life. Care records showed the person and their family had been consulted about their preferences and had advance care planning in place to ensure their wishes were carried out.
● The provider had received an award from a recognised training provider in end of life care. Records showed staff were provided with training to meet peoples care needs at the end of their lives.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems and process were effective to ensure compliance with regulations and did not ensure people received safe, effective and responsive care. The provider had not responded to previous requests to improve and could not demonstrate how feedback was used to improve people's care experience. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● The provider had made significant improvements to the way they monitored the safety and quality of the service. For example, previous issues regarding medicines and recruitment had been fully rectified and more thorough scrutiny had been applied. The new electronic care management system had enabled the provider to use information about the performance of the service more effectively and drive improvements.
● Audits and checks were in place for medicines administration, care records and accidents/incidents. All audits included a process for 'lessons learnt'. For example, where medicines audits were undertaken there was a clear action plan which directs the person carrying out the audit to look for themes and trends. Where errors had been identified consideration had been given to whether staff required further support and training.
● The registered manager understood their responsibilities toward regulatory requirements and had notified us about events they were required to by law, for example where concerns had been reported to the local authority safeguarding team.
● People and their relatives were surveyed to gauge whether they thought the service was safe, effective, responsive, caring and well-led. Surveys were sent to people every six months. We noted the provider had asked for feedback regarding the new electronic care system, which some people were unhappy about. This demonstrated they had recognised some of the issues people were facing. An action plan had been created to address shortfalls and the provider was in the process of considering the most effective method of communicating what action was being taken to people.

Promoting a positive culture which is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff we spoke with told us they felt the morale within the team was good. "The staff I work with are focussed on their work and we support each other by ringing each other regularly." Another said, "It (morale)

is really good, sometimes we have problems. Generally, though it is a really good team, they are all prepared to help each other out."

● Records showed the registered manager facilitated regular team meetings for the staff. Meeting records showed meetings were well planned and included a clear agenda which staff had contributed to. We noted discussions were focussed on improving care for people using the service. The registered manager shared important information at the meetings to ensure staff had enough knowledge. One staff member told us, "Yes we had one last week, they are really useful, and I feel I can contribute. We usually get a fortnight notice. The minutes are put onto the system we access through the website."

● Staff told us they were well supported by their managers and felt valued. "There are no barriers there at all. There is an open-door policy [registered manager] always welcomes you to have a chat, so does [assistant manager] you don't need to make an appointment." Another staff member said, "I feel very supported. If I am not sure about something [registered manager] will go through it with me. They have signed me up to complete a management qualification."

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

● The provider had developed a system to recognise and reward good practice especially where people had experienced positive outcomes. Staff were encouraged to nominate each other. For example, one person had gone for a day out and a staff member had let their dog out for them while they were away. Another person was supported to attend a family wedding and another staff member had ensured someone returned home safely after they missed the bus. The provider told us they rewarded staff with a voucher.

● The provider had developed a lounge area on the ground floor of the office. On the day of the inspection we met with a person using the service who told us they regularly visited the office and was welcomed by the staff and provider to have a hot drink and a chat.

● The provider had introduced new roles into the structure to provide staff with more expertise and skill. For example, staff were provided with support and training from a local learning network to enable them to act as 'champions' for key areas such as infection control, frailty and dementia. The role of the champion was to provide support and advice to other staff. This ensured people living with conditions such as dementia would benefit from improved knowledge and understanding.

● The provider told us how they recently held a fundraising event which involved making and selling cupcakes. Staff, people using the service and members of the public were encouraged to attend. The event was a success and a significant amount of money was raised for a national dementia charity.

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

● Our previous inspection ratings were clearly displayed in the office location and on the providers own website.

● Accident, incidents and complaints were fully investigated. Records showed where the service was at fault or needed to improve, the provider wrote formally to people and their relatives with a full apology.