

Care Compassion Limited

Care Compassion Limited

Inspection report

Suite 67, 6th Floor, First Central 200
2 Lakeside Drive, Park Royal
London
NW10 7FQ

Tel: 02039499525

Date of inspection visit:
17 October 2019
04 November 2019

Date of publication:
25 November 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

About the service

Care Compassion Limited provides a domiciliary care service that delivers personal care and other support to people in their own homes. Not everyone who used the service received personal care. Care Compassion Limited also provided a range of other services that included; cleaning, shopping and supporting people with a range of activities. The Care Quality Commission (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. At the time of inspection, five people were receiving personal care.

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

People told us that staff were kind to them and they received a service which met their individual needs and preferences.

People were fully involved in the assessment, planning and review of their care. People were aware of their care plan, which they kept in their home. Staff were knowledgeable about people's care needs and provided personalised care.

People felt safe when receiving care from staff. People's risk assessments were detailed and included guidance for staff to follow to manage and reduce risks to keep people safe.

Staff knew how to recognise and report any concerns they had about people's welfare.

Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. They received the support and guidance they needed from the registered manager.

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.

The provider had systems in place to manage and resolve complaints.

People and their relatives had opportunities to provide feedback about the service, and action was taken to address issues they raised.

Staff generally arrived on time and always stayed for the duration of the planned call. People told us the service was flexible and they were kept informed of any changes.

The registered manager was very committed to providing people with good personalised care and supported people to achieve the best possible outcomes.

Systems were in place to assess and monitor the quality and delivery of care to people. The registered manager was committed to identifying ways of continually improving the service.

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

Rating at last inspection

The last rating for this service was Good (published 22 August 2017).

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 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 ●

Care Compassion Limited

Detailed findings

Background to this inspection

The inspection

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

This inspection was announced. We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 17 October 2019, when we visited the agency's office and ended 04 November 2019, when we carried out telephone calls to people, people's relatives and care staff

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed included the previous inspection report.

We also used the information the provider sent us in the provider information return (PIR). 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 discussed the PIR with the nominated individual during the inspection. We used all this information to plan our inspection.

During the inspection-

We spoke with the registered manager who is also the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider). We also spoke with two care staff and reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of five people using the service, four staff employment records, quality monitoring records and some policies.

After the inspection

We spoke with three people using the service. We also spoke with two people's relatives, four care staff and three social care professionals.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were up to date policies and procedures to safeguard people from the risk of abuse. Staff received the training they needed to help keep people safe from avoidable harm.
- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams and CQC.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place. Risks to each person had been identified and assessed. These included risks of falls, use of certain medicinal creams and any risks associated with the environment in each person's home. Personalised risk assessments included strategies to manage risk and prevent people and staff being harmed. One person occasionally self-administered oxygen. The registered manager told us that they would ensure that an assessment of the risks of the use of oxygen and guidance to manage them would be promptly completed and shared with staff, to keep them and the person using the service safe.
- Staff told us they had read people's risk assessments and followed risk management guidance. They knew that they needed to report any concerns to do with people's safety to the registered manager.

Staffing and recruitment

- Appropriate recruitment and selection processes were carried out so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs. Staff covered gaps in the rota. The registered manager carried out care visits when needed.
- People told us there was consistency of care from one or more regular care staff. They informed us that staff had identification and stayed the right amount of time. One person told us that staff were helpful and carried out their tasks to a good standard.
- There was an on-call system which ensured staff and people could obtain information and advice at any time.

Using medicines safely

- The registered manager told us that at the time of the inspection no people using the service were being administered medicines by staff. Details of people's prescribed medicines and side effects were included in their care plans. One person's care plan included, 'If I complain of medicines side effects please tell the care

manager and remind me to call my GP.'

- The service had a medicine policy and procedures in place to ensure that staff were competent to effectively and safely support people with their medicines when needed.

Preventing and controlling infection

- The provider had policies and procedures in place to minimise the risk of infection. Care staff were provided with personal protective equipment including disposable gloves, aprons and shoe covers, which they used when providing personal care.
- Monitoring systems which included spot checks of staff safe working practices were in place to ensure people were protected from the risk of infection.
- Staff received infection control training and were aware of their responsibility to prevent avoidable infections.

Learning lessons when things go wrong

- Records showed that the registered manager and care staff had responded appropriately to accidents and incidents. For example, one person had been found on the floor and care staff had called the emergency services and reported the incident to the registered manager.
- The registered manager spoke of learning from things that had gone wrong and taking action to prevent reoccurrence. Records showed that actions including sending a gift policy to staff to read and having discussions with staff about issues arising from incidents that had taken place.
- The registered manager had systems in place where accidents, incidents and complaints were monitored closely. The registered manager told us that during future reviews of these issues, they would look for patterns to help in making decisions about actions to be taken to prevent them happening again.

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 good. At this inspection this key question has now remained the same. 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 and their relatives were fully involved in the process of assessment and review of their needs.
- Care plans and risk assessments provided staff with information to meet people's needs and provide effective care. Care records included details of the background history of the person, communication needs, mobility needs, mouth care, nutritional support and health conditions.
- Staff told us they read people's care plans and followed personalised guidance to ensure people received the care they needed and wanted.
- The registered manager made sure that people received care and support that was delivered in line with legislation, national guidance and best practice. Care plans were reviewed regularly with people, so staff had detailed up to date guidance to provide care and support relating to people's specific and diverse needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff told us they were provided with the induction they needed to carry out their roles and responsibilities. This included completing essential training for their role and shadowing an experienced member of staff. A member of the care staff said, "I shadowed for a good month until I knew everyone's routine."
- Staff had received a range of relevant training. Training included a combination of on-line assessed training and face to face practical training. Care staff told us "If I have any concerns or don't understand something I can ask [registered manager] and all is explained to me."
- The registered manager ensured that staff received training that met people's specialist needs to enable care staff to provide person-centred care for people. This included mental health awareness, dementia and learning disability awareness training.
- Staff received regular supervision from the registered manager. Records showed that a range of matters to do with the service and people's care had been discussed during supervision meetings. These included equality and diversity, duty of care, communication, privacy and fire safety.
- People and their relatives told us they found staff to be competent when carrying out their responsibilities. Records showed that the registered manager had monitored the performance of care staff through spot checks.

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

- People's care plans included details of the support they needed to ensure they had enough to eat and

drink and included details of dietary needs and food preferences. One person's care plan included, 'I don't mind which beverage I have, tea or coffee. Please ask me which I would like before making it.' Another person's care plan included, 'Please ask me what I would like to eat for lunch.'

- People that required support with meal preparation told us staff offered them choices about what they would like to eat and drink.
- Staff were aware of encouraging choices, healthy eating and promoting good hydration. People had their fluid intake monitored closely when needed. Staff told us they would always report to the registered manager if they found that a person was not eating and drinking well.

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

- Staff knew that if they had concerns about a person's care or well-being, they would report it to the registered manager, who then, would communicate with people's relatives and healthcare or social care professionals involved in people's care.
- Care plans provided staff with guidance about the support people needed with health conditions.
- When people's health needs deteriorated, the service supported people to access medical support, if required.
- The registered manager told us they had worked with an occupational therapist to obtain a suitable ramp to meet a person's mobility needs.
- People's care plans included guidance about supporting people to remain active. One person's care plan included, "Please encourage me daily to go for walks in the afternoon or sit in the garden".

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. There was no one under authorisation from the Court of Protection.

- People's memory and capacity to make decisions relevant to their care and support were assessed and documented.
- Staff told us they assumed people had capacity unless assessment showed otherwise, which would then be recorded in the person's care plan. Staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- Staff were clear about the need to seek consent from people before providing care or support. People confirmed that staff asked for their permission before helping them. Care staff told us, "I always ask for consent." Staff knew they needed to respect people's right to decline care, and that the registered manager needed to be informed of this.

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 now 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 told us staff were kind, caring and treated them well. They confirmed that they received support from staff in line with their preferences and needs. A person's relative spoke highly of the service and told us, "I feel confident that I could now go away and [person] would be looked after."
- People's care plans included detailed personalised information about their routines and preferences. For example, one person's morning routine included, 'I wake up at around 6am. I tend to lay in bed and will get up around 9.00am'. A person's relative told us, "[Person] said to me that staff explained everything to [them], slowly and calmly."
- The registered manager and care staff knew people well, they were aware of their individual needs and preferences.
- Staff were enthusiastic about their roles, spoke fondly and respectfully about the people they supported and told us they liked their job. Care staff told us that when communicating with people it was important to "Take time to listen [to them]". One member of the care staff said "I love looking after people. I build up a rapport with them."
- People's equality and diversity needs were understood by the service and supported. Staff received training about equality and diversity and had discussions about values and beliefs. Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them. They told us about the importance of respecting "people's differences." A person's relative told us that staff "understands [person's] cultural needs and know that [person] is meticulous."

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

- People told us that they felt able to express their views about their care and staff listened to them and respected the decisions and choices they made.
- Staff understood how people communicated. Care plans included guidance about how people expressed their views and communicated their choices.
- The service was flexible. People and their relatives provided us with examples of where the service being responsive and accommodated requests to change visit times.
- The registered manager and staff understood the importance of involving people in making decisions about their care. Where possible people took part in their care reviews. People's relatives confirmed they had been involved in the review of people's care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People and their relatives spoke highly about the care they

received from staff.

- Staff understood their responsibilities when respecting people's privacy and described how they supported people with personal care and went out of their way to help people retain their dignity. People confirmed that their privacy was respected by staff.
- People's information was stored securely. Care staff were aware of the importance of confidentiality and keeping people's personal information secure.
- During the spot checks by the registered manager of staff carrying out personal care, staff practice was assessed. This included checks as to whether staff provided care in a dignified and respectful manner. The registered manager obtained feedback about the service from people and their relatives during these checks.
- Care plans included details about people's abilities and the support they needed to maintain and promote their independence. Staff were aware of the importance of supporting people to be as independent as possible. One person's care plan stated, "I can brush my teeth independently. I can also dress without assistance but may ask you to fasten buttons or zips."

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 good. At this inspection this key question has remained the same. 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 assessment information and care plans showed that the provider involved people and their relatives (when applicable) in planning people's care. This helped ensure that people received personalised care and support in the way they wanted and needed. The registered manager told us in future during initial assessment, the service would seek more information from people about their equality and diversity needs including sexual orientation. So, that the service could better understand and meet those needs.
- People were aware of their care plans. They and their relatives told us that staff provided people with care and support, that reflected their preferences and routines.
- People's care plans were up to date and contained the guidance staff needed to meet each person's current care needs and be responsive to any changes. Records showed that people and their relatives had been involved in reviews of people's care needs.
- Care staff we spoke with were knowledgeable about people's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives.
- People benefitted from having continuity of care from regular care staff. Care staff knew people well and could tell us about people's needs and the personalised support they required.

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.

- Peoples' communication needs were assessed by the service. People's care plans included details about how they preferred to communicate and receive information.
- People's sensory needs, such as sight and hearing needs were detailed in their care plans, so staff communicated with people, using ways best suited to their individual needs.
- The registered manager told us that information was currently accessible to people and their relatives. Easy read pictures were included with written information. The registered manager informed us they would always ensure information was provided to people in the format that was accessible to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People were aware of how to make a complaint. They told us that they were confident that the registered manager would listen to them and address all concerns and complaints appropriately. One person told us, "I have no complaints, everyone is kind and reliable."

- There were processes in place to ensure people's concerns were investigated and addressed in an appropriate manner. Complaints were monitored, and improvements made when needed.
- Staff knew any complaints about the service that were brought to their attention needed to be reported to the registered manager.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care. The service had cared for people at the end of their lives. The registered manager spoke of having worked in partnership with a community palliative care team to ensure that a person received good end of life care.
- The registered manager was aware of the importance of people receiving good personalised end of life care. They told us staff received the training and support they needed to provide the personalised care and support people needed at the end of their lives.
- Staff received support during the provision of end of life care and following the death of people using the service. Staff had opportunities to share their feelings about their experience of caring for someone at the end of their life and the impact on them following the death of a person using the service.
- After one person had received end of life care, the service had supported a person's relative by organising the person's funeral, which was attended by staff.

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 good. At this inspection this key question has now remained the same. 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

- People and their relatives spoke positively about the service and the care and support people received. One person's relative spoke highly of the service and told us they would recommend it. They told us that there was good communication with the registered manager and between care staff and a person using the service. They said, "I am very satisfied. Communication is at a level [person] understands."
- The registered manager ensured that people were at the centre of the service leading their care. People's care and support were planned effectively so that they received good personalised care safely. Care plans were detailed and showed people's preferences, interests and needs were understood by the service.
- Effective communication between the registered manager, staff team, people and their relatives supported people to receive their preferred care and support. During the inspection we heard the manager communicate by telephone in a professional and sensitive way with a person using the service.
- The registered manager and care staff demonstrated a positive culture that was open and inclusive. They promoted a high standard of person-centred care and support for people.
- The registered manager was aware of the need to notify CQC and/or other agencies of any accidents, incidents and significant events within the service. They knew they had a legal responsibility to be open and honest with people and relatives when something goes wrong.

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

- The registered manager and care staff were clear about their roles and responsibilities. The registered manager understood the importance of assessment and monitoring of the quality of the service, making improvements and meeting regulatory requirements.
- Systems including spot checks identified where improvements to the quality of the service were needed and deficiencies addressed.
- Spot checks were carried out to monitor the quality of care and support provided to people by care staff. The registered manager introduced care staff to people using the service and worked alongside staff to ensure they knew how to provide people with the care they needed. People confirmed that care staff had been introduced to them. A person spoke of the importance to them of meeting care staff prior to receiving care from them.

Continuous learning and improving care

- There was an emphasis on continuous improvement. The registered manager was aware of the importance of continuous learning and improving care. Learning from issues to do with the service was shared with staff during staff meetings, handovers and supervision.

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

- People and their relatives were positive about the service. People told us, "[Registered manager] asks me how it is going. I am very happy." "[Registered manager] is nice and very professional" and "I am very happy with the agency." One person described their regular care staff as "very caring, kind and considerate".
- People had opportunities to feedback about the service. These included feedback surveys, one-to-one discussions with people and their relatives during spot checks, care plan reviews, and via telephone calls and emails. A feedback survey in March 2019 showed people were satisfied with the service. Records showed that improvements to the service had been made in response to annual feedback surveys. Improvements included making sure that people had the opportunity to be more involved in their care plans and to ensure staff had identification cards.
- Staff told us that enjoyed their jobs and felt valued and well supported by the registered manager. Care staff said the registered manager was "very good," and they could "ring her anytime". They confirmed that the registered manager was approachable and provided guidance and direction whenever they needed it.
- The registered manager provided us with examples of staff having gone above and beyond their duties. This included their willingness to travel sometimes lengthy distances to ensure people received the care they needed.
- Feedback was gathered from staff, during their one to one supervision sessions and during staff meetings. Staff told us they felt confident to speak up about any aspect of the service and felt that they would be listened to and their views respected.

Working in partnership with others

- Social care professionals spoke in a positive way about the service. They told us communication with the registered manager was good. Comments included "They are providing a good service," "[Registered manager] keeps me informed, she emails me updates about [person]", "They are good. They are good workers. I see results. The regular feedback from [registered manager is brilliant," and "They go above and beyond."