

COMPASSIONATE CARE HOME CARE LTD

Compassionate Care Home Care Ltd

Inspection report

BBIC
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Date of inspection visit:
18 September 2018

Date of publication:
11 October 2018

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

Compassionate Care Home Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The location provided the regulated activity in the Barnsley area. CQC only inspects the service being received by people provided with 'personal care'. This means help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 20 of the people the service supported were receiving personal care.

The inspection took place on 18 September 2018. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the service since it was registered in July 2017. We rated the service as Good.

Everyone we spoke with, without exception, said they were very happy about the service they received from Compassionate Care. They said staff were kind, considerate, respected people and always maintained their dignity.

People told us they felt safe with the staff. They said staff were very rarely late, never missed calls and always stayed the allotted time, ensuring their needs were met. We found staff had good knowledge of how to spot the signs of abuse and of what action to take to protect people. Risks were well managed. Staffing levels were sufficient to make sure people's care and support needs were met safely and the recruitment processes minimised the risk of unsuitable staff being employed.

People received their medicines safely and people who required the involvement of health care professionals were assisted to obtain this support. Where the service supported people with their meals, people's individual needs and preferences were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they enjoyed working for the service and received good support and training.

People received individualised, person centred care that met their needs. People were listened to and felt confident to raise any concerns and complaints. People's privacy and confidentiality were maintained as records were held securely.

The quality monitoring systems and the management structure ensured effective management, review and oversight. A system was in place for checking the quality of the service. People were consulted about the

quality of the service and their views were respected and used drive improvement. There was a commitment to continuous learning and improving the service. It was evident that the service worked well in partnership with others to ensure people's needs were met

Further information is in the detailed findings in the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks were identified and documentation reflected how the risks was managed.

Staff had good knowledge on how to safeguard people from abuse.

There was sufficient suitable staff employed to support people.

People were supported with their medicines by trained staff.

Is the service effective?

Good ●

The service was effective.

The service helped to make sure people had access to healthcare services when needed.

People were happy with the support they received with their meals.

Staff were suitably trained and supported.

Is the service caring?

Good ●

The service was caring.

People told us staff were very kind and caring.

Staff maintained people's privacy and dignity and involved people in their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and people were involved in planning their care. Care plans enabled staff to provide personalised care and support.

People knew how to make a complaint and felt able to complain if they needed to.

Is the service well-led?

The service was well led.

The registered provider had systems in place to make sure the service operated to an expected standard. These included consulting with people who used the service and were well organised and effective.

Good ●

Compassionate Care Home Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office on 18 September 2018. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

We used information the provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one adult social care inspector and one 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. The expert by experience had experience of supporting and caring for older people.

On 18 September 2018 we visited the agency office and spoke with the registered manager and the service manager. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included four people's care records, medicine administration record (MARs), staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

As part of the inspection we spoke with eight people who used the service and one relative. We spoke with three care staff by telephone. We also contacted two health and social care professionals to gain their views of the service.

Is the service safe?

Our findings

All the people who used the service and the relative we spoke with felt the service was safe. For instance, one person said, "I feel absolutely safe with the carers. They are brilliant carers." Another person told us, "I feel very safe with [the care staff] and trust them all. If they do a bit of shopping for me they always bring receipts and change back." The relative we spoke with said, "I think [family member] is very safe with them all [the care staff]. They look after [family member] very well."

We found risks to people and the environment had been assessed and risk assessments were in place to manage risks. Risks were fully documented and there were consistent staff who were knowledgeable about people's needs.

Where people were provided with support with their medicines, people were happy with the service they received. For instance, one person said, "[The care staff] give me my tablets in the morning. here has never been a problem at all with them."

We looked at people's care records and found the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were in place in people's homes for staff to complete. The management of medicines was effectively audited. Where any issues, such as missing signatures on the MARs, had been picked up and audit records reflected the registered manager had addressed these effectively with the individual staff concerned.

Some people had been prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. People prescribed these medicines did not have PRN protocols in place. A PRN protocol describe how the person expresses pain, instruct staff when to administer PRN medicines and include information, such as the maximum dose in a 24-hour period and how soon to seek medical advice if the medicine is not effective. It is worth noting that the staff we spoke with knew when the people they supported required these medicines and no one had come to harm. The registered manager explained that the people staff administered PRN pain relief medicines to were all able to direct their own care, and pain relief was administered on their request. They assured us PRN protocols would be put in place, where needed.

Staff received medication training and the registered manager told us their competence was observed and monitored when first administering medicines. We saw that the spot checks undertaken of staff's overall competence did include medicines. Spot checks are checks undertaken of staff's performance to ensure they are adhering to good practice and are suitably trained and skilled to meet the requirements of their roles. We discussed with the registered manager making the medicines competence check more detailed.

There were sufficient staff available to meet people's needs and they were effectively deployed. Staff we spoke with told us all calls were covered, to make sure people's needs were met as staff were willing and flexible. We received very positive comments from people regarding staffing. People were very pleased with the call times and duration of calls. They told us care staff were very rarely late and always stayed for the allotted time. For instance, one person said, "[The care staff] are usually within a few minutes and they have

never let me down. They always stay until everything is done." Another person told us, "The carers arrive on time and do everything I need doing. They never rush in and out." Another person added, "They always ask if there is anything else they can do for me." The relative we spoke with said, "[The care staff] are punctual. [My family member] has never said otherwise and I know they have never missed a visit."

People told us they had a regular group of care staff. For instance, one person said, "I have the same team. There are about six of them and they take it in turns." One person commented, "I have had the same lady for a long time now." Another person added, "Yes, I do and I think it is important to have the same carers and keep to the same routines." The relative we spoke with said, "[My family member] has the same two and loves them both. She has got to know them very well now."

We looked at staff recruitment records. Staff had been recruited safely to make sure they were suitable to work with people. The register manager had made sure they obtained all the necessary pre-employment checks, prior to staff starting work. These included written references, and satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Staff we spoke with were trained in safeguarding (protecting people who use care services from abuse) and had good knowledge of how to spot the signs of abuse and of what action to take to protect people.

There were systems in place to monitor accidents or incidents and, although no accidents had taken place, it was evident that the members of the management team were keen to learn lessons and develop the service. The registered manager told us that if accidents or incident took place, they would make sure measures were put in place to reduce the likelihood of similar incidents being repeated in the service. This showed the service was looking at ways to drive improvement and learning lessons when things went wrong.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care. People told us staff used gloves and aprons, whenever appropriate.

Is the service effective?

Our findings

Everyone we spoke with felt staff were well trained and knew how to support people well. For instance, one person said, "I would say they [the care staff] are very well trained. They know exactly how to look after me." Another person said, "[The care staff] are very well trained, professional and competent carers. Lovely people." Another person added, "I could not be any happier with them."

People's needs and choices were assessed. The records we saw showed the provider undertook a particularly thorough assessment with people before they started providing the service. It was evident that people's care and support was delivered in line with current legislation and guidance and achieved effective outcomes for people. The health and social care professionals we spoke with also confirmed this.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they really enjoyed working for the service and confirmed they had completed relevant training. The registered manager told us new staff completed an induction which included training tailored to meet staff's needs. The staff we spoke with confirmed this. They confirmed they had up to date training in all the mandatory subjects, such as health and safety, safeguarding people and moving and handling. The records we saw confirmed this.

The registered manager confirmed that staff completed an induction and where necessary had undertaken the 'Care Certificate'. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to make sure staff were given the right skills and training after completing their induction. Staff told us they received support, through supervisions and appraisal. We saw that the registered manager had very well organised systems and records, which made sure staff received training and updates, supervision, spot checks and appraisal in a timely way.

People were supported to eat and drink enough to maintain a balanced diet. Staff we spoke with explained how they prepared meals, drinks and snacks for people. Where people were provided with support with their meals, people were happy with the service they received. For instance, one person said, "[The care staff] get some meals ready for me. They ask me what I fancy at the time."

People were supported to have access to healthcare services and receive ongoing healthcare support. Where people were provided with this support, people were happy with the service they received. For instance, one person told us, "The staff are very helpful, they will ring the doctor to make me an appointment if I ask them to." Staff we spoke with said they would contact the registered manager, if they felt someone was unwell, or support them to call their GP or nurse. People's health needs were well recorded in their care plans.

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

Compassionate Care Home Care provides support to people in their own homes therefore, any application to deprive a person using the service of their liberty must be made to the Court of Protection. At the time of the inspection no applications had been made to the Court of Protection. The registered manager and service manager had a good understanding of the MCA. We were informed that staff completed training in this subject and staff we spoke with also understood the principles of the Act. We found that people's mental capacity to make decisions was assumed, unless there was evidence to suggest otherwise and where possible, care plans were signed by people to show their consent to care had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices. People told us staff asked their permission before providing care. For instance, one person said, "Yes, [the care staff] always ask 'Is it OK' before they do anything."

Is the service caring?

Our findings

The people we spoke with during our telephone interviews provided us with evidence that this was a caring service. Everyone praised the staff very highly and told us they were very kind and caring. One person said, "They are all lovely, I could not be more happy with them." Other comments included, "Nothing is too much trouble for them", "Very caring people" and "We have a good relationship between us." The relative we spoke with said, "They are lovely ladies. [My family member] loves them and they think the world of [family member]."

People were supported in line with their needs and wishes. People told us staff supported them to be as independent as possible by encouraging them to do as much for themselves as they possibly could. For instance, one person said, "I do as much as possible for myself and [the care staff] help me with things I am not able to do for myself."

We saw that people and those close to them were involved in planning people's care. An initial assessment of need was completed with each person and then transferred into a care plan. The care plan showed what was important to people and how best to support people with various tasks. We asked people if staff listened to them and respected their opinions. Everyone confirmed that they did. For instance, one person said, "Yes they do. They make me feel important to them." The relative we spoke with said, "The staff listen to us both. They take on board anything I have to say too, which is important to me."

Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. Staff members explained how they would make sure curtains and doors were closed when providing personal care.

We asked people if staff treated them with dignity and respect. Without exception, people said they did. For instance, people's comments included, "The staff know me very well, but they don't take advantage or talk out of turn to me. They are all lovely girls", "[The care staff] are very respectful and friendly. I look forward to seeing them", "They are very good when helping me have a bath. They make sure I have a towel around me and things like that" and "Very much so. [The care staff] think about my dignity all the time when I have a shower." The relative we spoke with said, "They are very respectful."

People received care and support from a consistent staff team, which they all said was very important to them. They said they were introduced to new staff so they could meet them and this helped good communication and positive relationships.

Is the service responsive?

Our findings

People we spoke with told us the staff provided personalised care and support that was responsive to the needs of the people who used the service. For example, one person said, "I could not wish for better carers" and another person said, "I am very happy with the service."

We looked at people's plans of care and we found they were comprehensive and explained the person's needs and how they should be met. The staff we spoke with knew people well and were able to explain to us how they met people's needs. There were systems in place to make sure, that before they provided care to people, any new staff were fully aware of people's needs. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

The plans we saw reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act extends protection across a number of protected characteristics, including race, gender, disability, age, sexual orientation, religion or belief.

Staff we spoke with understood people's social and cultural diversity, their values and beliefs and they told us the training they undertook as part of the Care Certificate included the principles of equalities and human rights, although they had not had more in-depth training in these areas. When they discussed people's care with us they did so in a very respectful and compassionate way. We discussed with the registered manager, providing more detailed training for staff regarding the Equality Act 2010 and the Human Rights Act 1998.

Staff we spoke with were aware of how important it was to ensure people were involved in any discussions and planning about their care. Records showed that all aspects of their care and support were planned in partnership with them. Information in the plans included people's likes, dislikes, choices and preferences. People told us staff listened to and respected their opinions and wishes. For instance, one person told us, "I only have to say how I like something doing once and they remember."

Staff told us that they knew people well and knew how to communicate with them. We saw that information was provided in a format accessible for the people who were using the service. The registered manager told us if a person had a sensory disability the service would provide information in a format that would meet their needs, to comply with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

The registered provider had a complaints procedure and, although no formal complaints had been received, it was evident that the members of the management team were keen to learn lessons and develop the service. The registered manager told us of one minor concern and we saw that this had been investigated and responded to appropriately. People told us they would be confident to complain, should they need to. One response, very typical of what everyone told us, was, "I feel very able to complain, but have never felt the need." The relative we spoke with said, "I would complain straight away, if necessary, but we have never had reason to." One person told us they had raised a concern in the early days of receiving the service, about compatibility with one member of care staff. They said the registered manager acted straight away and they were happy with the outcome. This showed people's concerns were listened to, taken seriously and

responded to appropriately.

The management team protected people's rights in relation to how information about them was kept and used. For instance, the registered provider promoted awareness in the staff team about recent data protection legislation and training had been provided about this. People's right to privacy and confidentiality was proactively promoted by staff and people's written and electronic information were securely stored. Staff we spoke with were aware of maintaining people's confidentiality.

Is the service well-led?

Our findings

The service had a registered manager, who was supported in the day to day running of the service by a service manager and two area managers. The registered manager and service manager were undertaking nationally recognised vocational qualification training in management and leadership at level 5 to enhance their skills and make sure the service was well led. They were passionate about providing high-quality, person-centred care for people and it was evident from the very positive feedback we received that this achieved good outcomes for people. We found the culture of the service to have a strong focus on promoting equality for people they were caring for and within their workforce.

The managers and staff were clear about their roles and understood quality performance, risks and regulatory requirements. We found that there were good, clear systems in place to monitor the effectiveness of the service. For example, audit checks were undertaken of care plans and day to day records of the care delivered and where the service was supporting people with their medicines. These written records were checked on a regular basis by the registered manager to ensure they were completed accurately and to identify any concerns. Where shortfalls had been identified, the registered manager had kept very clear and comprehensive records of the action they had taken to address them.

There was also good management oversight of staff training, development and support. This included spot checks of staff's performance to ensure staff were suitably trained and skilled to meet the requirements of their roles. The registered manager was committed to continuous learning and improving the service overall. They told us of how they had decided to extend the probationary period for all new staff coming into the service, because of lessons learned in the early months of operating.

We asked people if they thought the service was well managed. Without exception people said it was. For instance, one person said, "Definitely well managed. I don't have any problems at all with them. I have had a lot of different companies and this is by far the best." Another person commented, "Very well managed. Spot on service" and a third person told us, "It is very well organised. All the paper work is in order every time. Definitely well managed."

The registered provider had developed systems to engage and involve people using the service, using a range of methods. This included regular telephone calls to ask if people were happy with the service. People's feedback was sought during the spot check visits. Surveys had also been sent out to most people, to gain feedback about the service they received. We saw results of the surveys completed by people who used the service and the feedback from people was very positive. The relative we spoke with said they had not filled in a survey, but added "We see [the registered manager] regularly, so we talk to them." It was evident the registered manager evaluated the feedback about the service and used the feedback to help identify areas for improvement. This showed that the registered manager was committed to listening and improving the service. We discussed with the registered manager extending the surveys to other professionals involved with people's care.

The registered manager engaged and shared information with staff in a variety of ways, such as face to face,

phone calls, and more formally, through meetings. The registered manager and staff discussed people's care and support needs, shared information, and identified any training needs. Staff knew their roles and responsibilities, felt listened to and valued and told us they were treated equally. Staff spoke passionately about their work and were committed to providing high quality care. Staff were complimentary about their line managers.

It was evident that the management team were committed to working in partnership with others to make sure people who used the service received effective care. For instance, the records we saw confirmed the registered manager was proactive in engaging with other services, and had instigated a number of referrals for health care interventions, because of observed changes in people's health and well-being. One social care professional commented, "I have used Compassionate Care on numerous occasions. I find [the registered manager] willing to accept care packages that other providers are unable to pick up. I can confirm that I find her response times quick when sourcing care packages, which is very helpful to myself when working to tight timescales. The carers are supportive when asked to attend meetings, when carrying out reassessments and informative of the service users' needs and tasks they perform. Overall, I have been happy with the involvement I have had."

The people we spoke with who used the service said the registered manager and staff in the office were helpful and approachable. For instance, one person said, "Yes, I know [name of manager] They are very helpful and nothing is too much trouble." Another person said, "Everyone in the office is helpful when I ring up." The relative we spoke with said, "Yes, if I phone with a query [name of manager] gets it sorted straight away."

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The registered manager had a system in place to make sure that notifications of such events were submitted to CQC appropriately. It is a requirement that providers display their latest inspection rating on any website in relation to the service and within the service. We found that the provider was meeting this requirement.