

Care Compassion and Conversation 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Care Compassion and Conversation on 11 April 2017. Care Compassion and Conversation is a service which provides care and support to people who live in their own homes. At the time of our visit 17 people received personal care. The agency additionally supported a number of people with other services such as a companionship visit or housekeeping.

There were two registered managers in post. 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.

People told us they felt safe in their home when staff were with them. Staff knew how to keep people safe. Risks to people's well-being had been identified and reflected the steps staff needed to follow to manage these risks safely. People who were supported with their medicines had them administered when needed and as prescribed. People were assisted to meet their nutritional needs and access health services when required.

People were cared for by sufficient staff to keep them safe and provide continuity of care. Provider followed safe recruitment practices. Staff were knowledgeable and confident about their roles and responsibilities. Staff were well supported and motivated by their senior colleagues.

People were able to develop caring relationships with staff. People's dignity and privacy were respected. People's independence was promoted so people could live their life as they wanted. People's views were respected and people told us they could make their own choices.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. 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.

People knew how to raise any issues, however they told us they had never needed to make a complaint so far. Information how to complain was provided to people who used the service should they wish to raise a complaint. The registered managers ensured peoples' and relatives' views were sought and appropriate action taken when required. People were assessed prior to the commencement of the service and had up to date and detailed care plans. People told us they received as needed that met their needs.

People, relatives, external professional and staff felt the management team were approachable and led the service well. The provider ensured regular monitoring systems were in place to monitor the quality of the care that people received and appropriate action taken where required.

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 to people's well-being were assessed and recorded.

Staff were aware of their responsibilities to keep people safe and how to report safeguarding concerns.

There were enough staff that had been recruited safely.

Is the service effective?

Good ●

The service was effective.

People were supported in line with the Mental Capacity Act (MCA) 2005.

People were cared for by staff who were well trained and supported..

People were supported to meet their nutritional needs and access health services.

Is the service caring?

Good ●

The service was caring.

People told us staff were compassionate and professional.

People's dignity and privacy were respected.

People benefitted from caring relationships with staff.

Is the service responsive?

Good ●

The service was responsive.

People's care plans outlined their wishes and choices.

People's views were sought regularly and the feedback was acted upon.

People knew how to raise concerns and concerns were responded to.

Is the service well-led?

The service was well-led.

The registered managers provided strong leadership to the team.

The provider ensured the quality of the service was monitored.

Staff were aware of the whistleblowing policy and knew how to raise concerns.

Good ●

Care Compassion and Conversation 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 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2017 and was announced. The provider was given a 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office. The inspection team consisted of 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.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We undertook phone calls to six people who used the service and two relatives. We also visited two people in their own homes. In addition we spoke with three care workers, the registered managers and the training and HR manager. We looked at three people's care records and three staff files that included their recruitment, supervision and training records. We also viewed a range of records relating to the running of the service, such as the accident log and quality assurance systems. After the inspection we contacted six external professionals to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I have no concerns whatsoever I trust them implicitly". Another person said, "I'm very safe, they help me to cope and make sure I can do things safely".

There was a safeguarding policy and procedure in place and staff knew what to do if they had any safeguarding concerns. Staff told us they would report any concerns to the office and were confident the management would take appropriate action. One member of staff said, "I'd go to the managers and report it, I'd also want to know the outcome". Another member of staff said, "I'd go straight to the office".

There was a sufficient number of staff employed to keep people safe. The rota arrangements ensured staff had enough time to get from one person to another. There were no missed calls reported from anyone we spoke with. People complimented the continuity and consistency of care and told us they knew staff well. Comments included, "I have five or six carers, I know them all very well. I never have anyone new", and "I have three or four carers they are all excellent". People also commented positively on staff's punctuality. One person said, "They are rarely late but they telephone if they are going to be delayed", and "They telephone me if they will be late".

The registered managers told us they always made sure they introduced a new member of staff to people prior to them coming to deliver personal care. Feedback from people confirmed this was occurring. One person said, "If there is someone new, they introduce them and we shake hands". Another person said "I know them all if anyone new comes they always shadow one of the seniors first". People received weekly rotas in advance so they knew which staff members were going to be visit them.

Provider followed safe recruitment process when employing new staff. Staff had completed an application form outlining their employment history and previous experience. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. This allowed the registered managers to make safer recruitment decisions.

People's care plans detailed the support people required with the administration of medicines including creams. Systems were in place to ensure medicines were managed safely. Records relating to the administration of medicines showed people had their medicines administered as prescribed and the registered managers were looking into developing an improved system for recording medicines which were not included in a monitored dosage system. People told us they were confident staff would ensure they had their medicine as prescribed. One person said, "If I need help with it [medication], they help me".

Risks to people's well-being were identified and recorded. For example, one person required a hoist to be safely transferred. This person's care plan contained detailed instruction on how to assist the person safely that included the size of the sling the person was assessed for.

The registered manager had a system to record all accidents and incidents in place. We viewed the log and

saw they also kept a quick reference summary so any patterns or trends could be identified. One of the staff members told us, "If it was the same person kept falling, this would be raised with their family and with the person".

Is the service effective?

Our findings

People told us staff were skilled and confident in their job. Comments included, "They are highly trained", "They know what they are doing so I always follow their advice", and "The staff are highly skilled and very professional".

Staff told us and records confirmed staff received training relevant to their roles. This included: manual handling, safeguarding, health and safety, dementia, food hygiene, nutrition and person centred care. Staff also had client specific training and competency sign off such as for a procedure of bladder washout. The training manager told us, "New staff would have a minimum of two weeks shadowing, staff wouldn't go to people if not introduced first". Staff complimented the training and told us the training opportunities enabled them to do their roles well. Comments included, "Training is good, refreshed when needed. If there's anything I think would benefit me, the managers will look for it for me", "Training is sufficient and very good, I would not do it (this job) without it", and "We have annual updates on all mandatory training, or any client's specific training like, for example, (putting on) pressure stockings or if people have any specific moving and handling".

Records confirmed and staff told us they were well supported. Staff received one to one supervision which is an opportunity to discuss any ongoing issues or needed training with their line manager. Staff comments included, "Fantastic support", "I receive supervision, I like to know about strengths and weaknesses, it is a two way process, always good opportunity to reflect".

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. We checked if the provider worked in line with these principles.

People told us that staff involved them in making decisions about their care and support. One person told us, "It's a personal choice but I don't like having a shower, so they help me to have a bath". Another person added, "I am able to pick my food choice, I am very content". One of the external health professionals said, "I feel that the staff are kept up-to-date with the MCA very well, and will always discuss it if there is any query".

Staff told us how they ensured they applied the MCA in their work. One member of staff told us, "People have every right to make their own decision and we help them to make their own decisions". Another staff member said, "MCA is to protect people, about treating them as individuals and allowing them to make their own decisions". People's care documentation highlighted the importance of respecting people's choices and encouraging people to make informed choice. For example, one person's care plan said, "[Person] may object to wash but please explain they need to freshen up and this will make them feel better".

People's nutritional needs and preferences were assessed and specified in their care plans. For example, one person's care plan read "[Person] likes cooked bacon on Sunday, please offer fruit as this will help with

bowels movement". Only one person we spoke with told us they sometimes needed support with their meals. They said, "My family buy food for me and the carers will cook it. Sometimes they help me to cook it or I just cook it myself".

People were supported to access health services when required. Staff worked with a number of local and health professionals such as social workers and occupational therapists to ensure holistic approach to care. We received very positive feedback from all professionals who responded to us. One professional commented, "They provide a one to one tailored service for the patient offering care above and beyond what many other care agencies are able to provide. I often recommend them to families looking at care options and I feel that if a patient is unable to manage with the support of Care Compassion and Conversation then that person probably needs to consider residential care".

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and their caring and compassionate approach. Comments included, "The carers are lovely", "They do everything I ask them to do", "Skill full in sensing what we need and they're professional and caring" and "I love that I can talk to them about anything". One external professional said, "I do feel they provide a person centred service, as they always take the needs of the client into account".

People told us they benefitted from being able to build positive working relationships with staff. Comments included, "We have a very positive relationship", "I very much enjoy their company" and "They are lovely; we have a laugh when they come".

Staff also told us they were enthusiastic about their jobs and they enjoyed the rewarding side of their role. One member of staff said, "I love this job, I think we go above and beyond for people here. I had lunch with a person as they were a bit low and I decided to stay with them and the person thought it was nice. I could not do this job if I did not love it".

People's dignity and privacy were respected. One person said, "They totally respect my dignity". Another person told us, "They are very kind, I look forward to them coming". Staff knew how to ensure people received dignified approach and were able to give us relevant examples. One member of staff said, "When I wash someone on bed, I cover them and I make sure curtains are closed". An external professional told us, "They always put the client at the centre of the care they provide by treating as individuals acknowledging different values". The provider signed up to the National Dignity Council to receive a regular Dignity Champions newsletter. We saw the newsletter was displayed in the staff area in the office. The registered managers showed us a letter from Age UK which confirmed that one relative of a person who used the service nominated a member of staff for "Care or support setting or service Dignity in Care Award" last October.

People's independence was promoted. One person and their relative told us how staff supported the person to be more independent. They told us, "So much support and encouragement! They gave us confidence so we were able to reduce the visits. They're aware how difficult this has been for us". Other comments included: "They always ask if I need help and if there is anything else they can do", and "They help me to choose my clothes and then help me to get dressed".

People's confidentiality was respected. One person said, "We talk about lots of things but never about other people's private matters". Another person told us, "I know what I say will never be repeated. We never talk about confidential issues". Information about people who used the service and staff was kept confidential in locked filing cabinets. Staff had completed data protection training and they knew how to respect and ensure people's confidentiality. One member of staff said, "You only disclose information on a 'need to know' basis".

Is the service responsive?

Our findings

People's needs were assessed prior to the commencement of the service. This allowed to draw people's care plans and to ensure staff were able to meet people's needs. People's care plans were detailed and reflected people's preferences and choices and how to best support them. For example, one person's care plan specified that their goal was "To keep as independent as possible" and the person had "a great sense of humour and enjoyed chat whilst getting up in the morning". People's care plans were reviewed regularly and updated when their needs changed.

People told us staff knew how to meet their needs and people had their care delivered as they needed. Comments included, "They meet all my needs. They are very good and flexible" and "My medical needs change all the time, they just fit in with what I need". One external professional said, "They focus care provision on the needs of the service user. They work with not for the service users and respect people's needs and wishes".

People complimented the responsiveness of the service. One person said, "I just ring if I need anything changed. It's never a problem". Another person told us, "I don't have many needs but I'm sure they would help me with anything I ask them to". Staff told us they would often just pop around to a person if they were concerned or if a person needed extra help.

People knew how to complain. The copy of the complaint policy was included into a client's handbook given to all new people. People told us they felt able to raise any concerns and were sure these would be quickly responded to; however, they had not needed to raise any concerns so far. Comments from people included, "I don't foresee ever having to make a complaint but I would feel confident to raise an issue with any of the staff if I had to" and "I've no complaints. I know them all so well".

Provider had a complaints policy and a log and there were no complaints recorded. The service received numerous compliments and thank you cards. The registered managers showed us how the service was recognized in the local town gazette. The gazette published an article written in memory of a person who used to be supported by the service. This included the family expressing their gratitude for the outstanding care provided to the person.

The provider ensured people's feedback was sought and acted on. For example, people expressed their uncertainty about how to best provide feedback if they wanted to praise staff or raise a query. In response to this the registered managers wrote letters to people to inform them that the service 'will be adding a client's feedback form to home files'. We saw the new feedback forms were incorporated into people's files. Satisfaction surveys were carried out four times a year and we saw very positive comments were received. Additionally spot checks were carried out, and included checks of records in a person's home, observation of care practices, people's and staff comments. We saw samples of these checks and saw positive feedback was received from people.

Is the service well-led?

Our findings

The service was run by two registered managers who were also the directors and founders of the service. People and the relatives told us they felt the service was very well managed. Comments included: "They are extremely well organised and managed. They have a talent for being able to find very good staff", "I feel I can trust them, so kind, definitely would recommend them" and "They're marvellous". External professional were equally complimentary about the service. One of them said, "I have always found the managers and staff very approachable, (they) deal very promptly with any concerns or queries raised. I have been liaising with this care agency for over 2 years now, and have never had any concerns to raise. They are definitely one of the better care agencies that I personally deal with on a regular basis". Another professional told us, "Managers always appear to understand their client group, support their carers and it appears to be well-led".

People's relatives praised good communication they had with the management. One relative said, "We have a very good working relationship, often email and text messages, very amicable".

There were regular staff meetings and staff were encouraged to visit the office when they needed to raise an issue. Staff meetings minutes reflected issues such as update of people's needs, medicines management, staff safety, new staff and rotas were discussed. Staff told us they felt that due to the small size of their team, there was good communication and team work. Staff felt valued and supported by the registered managers. Comments from staff included, "Open management, always listen, they do know people so well and this makes the difference", "Small company and a good team work, I know if I had a problem I can come and speak to my boss"

The Provider had systems in place to monitor the quality of service such as spot checks, quality surveys, review of accidents and regular management meetings. These meetings were recorded and we saw that where a follow up was identified, a relevant action plan was made to ensure completion. For example, when a person required a change to their visit time or when a new person needed an introductory visit. Both managers worked hands on providing the service to people. Both registered managers visited all the people on regular basis. This meant that people were able to discuss any changes, concerns or issues with them being present there and then. Feedback from people reflected that was occurring. Comments from people included, "The managers come to do work sometimes and we have a chat" and "They're managers and directors but they do gets their hands dirty".

The provider had a whistle blowing policy in place and staff were aware of the whistleblowing process. Staff were confident that any concerns raised with their management would be followed up. Staff were also aware how to whistle blow externally. One member of staff said "I'd get in touch with Care Quality Commission (CQC) or social services, I am aware of whistle blowing, you just got to do what's right".

The registered managers worked closely with other external professionals including local health and social care professionals. The provider was a member of Oxfordshire Association of Care Providers (OACP) which meant they benefitted from training sessions and information sharing events.

