

Care Compassion and Conversation Ltd

# Care Compassion and Conversation Ltd

## 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

### About the service

Care Compassion and Conversation Ltd offers a domiciliary service for people living in their own homes in the Chipping Norton and surrounding nearby areas in Oxfordshire. Not everyone who used the service received personal care. 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. On the day of our inspection 16 people were receiving a personal care service.

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

People, their relatives and health and social care professionals were positive about the service. One person told us, "They [staff] are wonderful." Whilst a relative commented, "All the staff are excellent. They are always cheerful, helpful and patient, to the extent that nothing is too much trouble."

People told us they felt safe when receiving care and knew they could raise a concern or complaint to the two registered managers. There was a process to investigate any concerns regarding the care provided. People's care was personalised and matched their needs, which improved their quality of life. Medicines were managed safely, and people received their medicines as prescribed. Risk management plans were in place providing staff with guidance on how to minimise risks for people using the service.

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.

There was a robust recruitment process and there were enough staff deployed to provide support based upon the care needs of people. Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. Staff worked well as a team and had a sense of pride working at the service. Staff received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

The provider had quality assurance systems in place to monitor the quality and safety of the service. The registered managers worked directly alongside the care staff, so they understood people's needs and had developed positive relationships with people and their relatives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 May 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 and Conversation 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had two registered managers 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 registered managers would be in the office to support the inspection.

Inspection activity started on 3 March 2020 and ended on 4 March 2020. We visited the office location on 3 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback via email from four relatives and five health and social care professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

#### During the inspection

We spoke with the two registered managers, the training and human resources manager and a senior care worker. We reviewed a range of records. This included two people's care records and their medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits on different aspects of the service.

#### After the inspection

We spoke with three people using the service and one relative for their views on the service. Five care workers provided their feedback on the service via email.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe receiving support from the service. One person said, "They [staff] are professional people, I have no concerns."
- People were cared for by staff that knew how to report safeguarding concerns. One staff member said, "I would report anything in this area to management. For external agencies I would report any concerns or suspicion of abuse to Care Quality Commission or social services."
- The provider had safeguarding policies in place and had a process for responding to any concerns relating to the care and support provided.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as, the administration of medicines and moving and handling.
- Risk assessments were regularly reviewed, and changes were made as and when people's needs altered. Staff were informed of changes verbally or through electronic messages, so they continued to meet people's needs.
- Where people had equipment that staff needed to use, for example, hoists, these were checked and serviced (by external professionals) to ensure equipment was fit to be used.

Staffing and recruitment

- There were sufficient staff to support people and the registered managers and people using the service confirmed there had been no missed visits. People and their relatives told us staff came on time and they usually knew who would be visiting them. If requested, people were sent a staff list of who would be visiting them each week. Although this was subject to last minute changes, people said they often knew who would be visiting which reassured them.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered managers and training manager ensured people's medicines were administered by trained and competent staff. Staff were observed carrying out medicine tasks so that any problems could be quickly addressed.
- Staff were clear on the different levels of support people might require to safely receive their medicines.

### Preventing and controlling infection

- Staff had completed training on infection control as part of their induction and regular mandatory training refresher courses.
- Staff were provided with personal protective equipment (PPE) to use which included aprons and gloves.

### Learning lessons when things go wrong

- The provider had a process for recording and investigating any incidents and accidents that may occur. A form was completed identifying the type of incident, for example a medicines administration error, along with the actions taken to reduce it happening again.
- The registered managers ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. We saw one of the registered managers had taken action following an incident. This included, sending an electronic message to all staff reminding them of best practice and procedures to follow.

# 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 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 met the registered managers before receiving support from the service. This meeting and assessment offered the chance to plan with the person the type of support and care they required.
- Feedback from a relative was complimentary with them stating, "They always keep us informed but never lose sight of the fact that [person using the service] is the primary focus. Decisions aren't made behind her back!"
- For one person, who was new to receiving support, they were finding it challenging having to accept they needed help. Therefore, staff were guided on how best to help the person accept the care being offered to them. For example, staff gradually offered support at each visit, rather than carry out all the required tasks in one visit. We saw one of the registered managers communicating with staff to find out how their visits to this person had been and how to gently encourage them to agree to support.

Staff support: induction, training, skills and experience

- New staff completed an induction and shadowed experienced staff before working alone.
- People were supported by skilled staff that had ongoing training relevant to their roles. Training was provided through a range of ways, both online and face to face. The registered managers and training manager continuously looked for additional training to ensure the staff team could successfully meet people's needs.
- Records showed staff had regular supervision meetings to discuss any issues and offer support. Spot checks were also carried out to monitor the quality of the care provided.
- Staff were happy with the level of support and information they received. Due to the regular contact with the registered managers, staff felt able to ask questions and receive updates on people on an ongoing basis. One staff member said, "I feel I'm very supported by the managers and also my work colleagues. They listen to my views and give me positive criticism where needed."

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

- People were supported with their meals appropriately. People required different types of support with their meals. Staff told us they always left a drink for people at the end of a visit and tried to encourage people to have a drink during the visit.
- Where people choose to decline eating much food, health and social care professionals were involved. This was to ensure all those involved in the person's life knew their preferences and could help and encourage them to eat.
- Staff recorded the meals and drinks they provided to people so this could be monitored as and when this was necessary.

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

- People's health needs were recorded within their care plans. If people needed help with getting to health appointments the registered managers ensured there was someone from the staff team available to take people.
- Staff were vigilant in recognising the signs when people were unwell. One relative said, "On a couple of occasions, the agency has noticed that my parents were particularly unwell and called for medical help which turned out to be completely the right thing to do."
- One relative confirmed staff would take action to ensure people's health needs were met. They told us, "They [staff] phone the district nurse if needed and will drop off samples at the doctors if no-one else can get there."
- Advice was sought from external professionals, and referrals were made in a timely manner which allowed continuity of care.

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.

- Staff received training the MCA and DoLS and respected people's choices and decisions. They had a good understanding of offering people choices, for example, helping people choose what to wear or eat. One member of staff told us, "You can support the client by discussing what their choices are and give them time to process the options." A second member of staff explained how they used objects of reference to help a person make a choice. They said, "I bring her a selection [of the meals] so she can see the tins. This client doesn't really understand if you just ask. If she can see the picture of the soup, she can make a choice."
- The registered managers were aware of their responsibilities to assess a person's capacity, if the person showed signs of struggling to make decisions. This included if they were unable to consent to the support planned for them.

# 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

- Feedback from people and relatives was that the staff team would do extra tasks to ensure people were happy. Often it was little things that people might not be able to do for themselves. One relative said, "On a regular basis they [staff] cover jobs around the house which aren't part of their core duties. Such as re-ordering the freezer food and washing and styling [person using the service] hair as she is now unable to visit the hairdressers."
- A second relative commented that staff would visit their family member regularly when they had been admitted into hospital.
- The registered managers were thoughtful when providing support to people. This included, recognising when people might be alone at Christmas and therefore staff or the registered managers would have a Christmas meal with them. One relative said "They [staff] go the extra mile every day in terms of their patience and concern for [person using the service]."
- Relatives were confident that staff knew people's preferences and character. One relative commented that the staff team were, "Well briefed" about their family member.

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

- People told us they were fully involved in deciding what support they needed. Regular visits to their homes took place so the senior staff and/or registered managers could check that people were happy with the level of care they received.
- The registered managers ensured the service was flexible to meet people's needs. One relative commented that initially it was thought their family member would require two staff to mobilise them safely. However, when the time came for the care package to start the person only required assistance from one staff member. This was all accommodated to suit the person.
- The registered managers helped people when they were considering their future. On one occasion a person was supported to visit different places that the person was considering moving to. This helped the person make an informed decision about the care they felt they needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain living in their homes for as long as possible. Staff confirmed they encouraged people to be independent and do as many tasks as they could for themselves.
- A relative said, "Both my parents have been desperate to stay in their own home with as great a degree of independence as possible. Without the comprehensive support we receive from [the service] we, as a family, wouldn't have been able to provide the level of support required."

- Staff gave us examples of how they supported people, whilst respecting their privacy and dignity. This included, closing curtains and covering people up during personal care tasks. One staff member said, "I get out everything I need to carry out the task, so the client isn't left waiting."

# 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

- Senior staff and the registered managers ensured they reviewed people's needs on an ongoing basis to continue to offer the right level of care. This was successfully done due to the regular contact they had with people and their relatives. A relative told us, "[Person using the service] always feels cared for but also listened to which is so important."
- People confirmed staff carried out all the tasks they wanted them to do. One person said, "They [staff] help me with what I need, no problems there."
- The registered managers and staff team recognised people had different needs and supported them accordingly. People and their relatives felt confident in the support the staff team provided. One relative said, "I don't know what we or [person using the service] would do without [registered managers] and the team. They take their duty of care so seriously."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans identified their communication needs to inform staff how to support the person effectively.
- The registered managers explained information could be provided for people in different languages and large print to meet their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered managers knew people's social interests and ensured people were not isolated. People were taken out to lunch and garden centres to break up their days.
- One of the registered managers had taken a person to the annual local arts and crafts exhibitions as they enjoyed viewing artwork and might not have seen these without the support from the registered manager. These activities offer people the chance to get out of their homes and take an interest in what is going on in the community.
- The registered managers and staff team built positive relationships with people. One of the registered managers explained that after the service stopped providing care to a person, they continued to visit them in their new home. This was to check the person was happy and provide them with company.
- People were supported in a kind and thoughtful way. For one person, when it was their birthday and they

did not have any relatives living nearby. Therefore, a birthday party was arranged for them and staff came along to celebrate this event.

#### Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. People and their relatives were informed on how to make a complaint.
- People and relatives were clear if they had a complaint, they would not hesitate in talking with the registered managers. One person said, "I do not have any complaints, but if I did, I am sure I would be listened to and it would be dealt with."

#### End of life care and support

- At the time of our inspection the service was not supporting anyone on palliative or end of life care. The registered managers said they would work alongside other health professionals if care was needed in this area.
- One relative gave us an example of the care their family member received when they were receiving end of life care. They confirmed that the registered managers, "Made extra visits to [person using the service], and they went over and above the care package." They went on to comment, "We would have struggled without the extra support we received from them and we weren't charged a penny extra for this."
- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded.
- Staff could access training on end of life care. The training enabled staff to consider the skills and understanding they would need to support a person with end of life care.

# 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 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

- Feedback from relatives was complimentary regarding the high level of care their family members received from the service. Relatives told us that by using Care Compassion and Conversation Ltd, they felt less stressed which achieved good outcomes for people. One relative commented, "We feel nurtured, cared for and feel [person using the service] is in safe professional hands."
- People and relatives told us the communication between people, their relatives and the registered managers was effective and regular. We saw the registered managers were keen to support people in the best way. This included keeping everyone informed about any issues or change's to people's needs. One relative summarised how they felt about the registered managers and the care staff by telling us, "I could not speak more highly of them."
- The registered managers, as they worked hands on providing care to people, understood how to offer person-centred care. One relative gave an example of where the registered managers helped and co-ordinated a person's home to be cleaned and tidied to help them live in a hygienic, safe and clean environment. They benefitted the person and helped them feel better about their home.

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

- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work.
- The registered managers had effective quality assurance systems in place and were continuously reviewing areas that needed to be checked. These included, audits of medicine records, staff supervision and staff files. This allowed the registered managers to drive continuous improvements.

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

- All of the feedback that we received from people using the service and their relatives confirmed they met with the two registered managers on a regular basis. Everyone told us the registered managers supported them as well and as part of their visit they would check people were happy with the service.
- The registered managers sought various ways to gain regular feedback from people. This included, visiting people on an ongoing basis and asking people to complete a survey where they could provide feedback. We saw the results of these had been analysed and where action needed to be taken this had been addressed.
- Staff were positive about the support and information they received from the registered managers.

Regular staff meetings were held to hear about best practice and share their experiences. The registered managers were in the process of collating the results from completed staff surveys.

#### Continuous learning and improving care

- Staff were kept informed about any changes, news about working in social care and updates about people using the service.
- The registered managers referred to good practice sources to obtain guidance and up to date information, for example, the National Institute for Health and Care Excellence (NICE) and the Care Quality Commission.
- Staff were supported to become instructors/trainers in certain areas in social care. This then enabled them to train care staff to a high standard. This included training in first aid at work, safeguarding and medicine management.

#### Working in partnership with others

- The registered managers were committed to support people in a professional and caring way. They recognised the benefits in working alongside professionals as well as relatives to co-ordinate effectively the support people received. One relative told us, "[The registered managers] have always been comprehensive, professional, timely and thorough."
- Feedback from health and social care professionals was positive. They said, "[Registered managers] are always very easily contactable and will always reply to your query in a timely way. There is always very positive feedback from the clients at the reviews and they [registered managers] have a very good knowledge of their clients."

#### 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

- Staff were happy with the level of information and communication that there was between management and themselves. The registered managers worked directly with people in the community. This practice enabled them to build trusting relationships and reflect on what could be done differently or better when supporting people.
- Providers need to know their duty and action to take when things go wrong with care and treatment. This includes informing people and their relatives about any incidents, providing reasonable support, providing truthful information and an apology when things go wrong. The registered managers understood their responsibilities.