

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 4 February 2016. This was an announced visit. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. 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 23 people were using the service.

There were two registered managers in post at the service. 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 using the service were safe because staff understood their responsibilities for safeguarding people from abuse and avoidable harm. Provider's safeguarding procedures were in place to ensure people were safe from abuse and staff were aware of the whistleblowing policy.

There were sufficient staff to meet people's needs. Recruitment checks had been carried out to ensure only staff who were suitable and of a good nature were employed to work with people

People's care plans described their needs and preferences and staff were aware of people's personal needs, history and what mattered to them. People and their relatives were involved in care planning and regular reviews.

People were positive about the knowledge and skills of staff who supported them. Staff said they were well supported and confident in their roles. Staff said the organisation was a good one to work for and they enjoyed their work. People commented there was consistency in staffing and staff had supported the same people over a period time. This helped staff to know people's needs and preferences, and develop good working relationships with them.

People told us that the staff were professional, kind and treated them with dignity and respect.

Management and staff were aware about the Mental Capacity Act and their responsibilities regarding it. People were supported to maintain good health and received support, where needed, with accessing health care services.

The provider had an appropriate complaints procedure and people told us they knew how to complain if they needed to. The provider used questionnaires to obtain people's feedback about the service.

People said the management team and organisation were approachable, responsive and encouraged feedback from them. The provider consistently monitored and assessed the quality of the service provided.

A completed satisfaction survey we received from one person who used the service and a relative indicated a very high level of satisfaction with the service provided. They agreed with the positive statements on the survey and commented positively on the quality of the support received.

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 recognised and care plans provided clear information and guidance for staff to help keep people safe.

Staff were aware of their responsibilities to keep people safe and recognise and act upon signs of abuse.

There were enough staff to meet people's needs and people told us the continuity was provided.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge to support their needs.

Staff received support and regular supervision.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to access health services.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

People told us that they were treated with respect.

People were cared for by consistent staff with whom they developed positive relationships.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care.

People received care and support that met their assessed needs.

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

Is the service well-led?

The service was well-led.

The service was managed well and staff felt they were listened to.

The provider had systems in place to monitor the quality of the service provided.

There was a positive approach and responsiveness demonstrated from the management.

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 4 February 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of a one inspector.

Before the visit we looked at previous inspection reports and notifications we had received. 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. We spoke with the local authority safeguarding and contracts teams and sought the views of healthcare professionals.

Before the inspection, the provider completed a Provider Information Return (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 spoke with five of the 23 people who were receiving support from Care Compassion and Conversation and we spoke with two relatives.

In addition we spoke with two care workers, the registered managers and one of the office staff. We looked at five people's care records and at a range of audits records about how the service was managed. We reviewed the accident log and discussed safeguarding and complaints. We also reviewed staff files for three

individuals, including their recruitment, supervision and training records.

Is the service safe?

Our findings

People told us they were satisfied with the service they received and they said they felt safe with the staff who visited them in their homes. One person told us "Oh yes, I feel very safe when they are here". Another person said "Yes, I do feel safe".

People also praised the staff and the way the staff conducted themselves. One person told us "They are very professional and they do what they have come to do".

People's care records contained information about the risks identified. For example, risks related to the use of manual handling equipment such as a wheelchair. One person had been recently assessed by an external professional for a use of a hoist. We saw that this information was reflected in their care plan. However, we identified that the assessment did not specify the level of risk identified. We raised this with the provider who immediately replaced the form with another template which enabled to include this information.

People told us the provider had sufficient and consistent staff to meet their needs and they told us staff were punctual and rarely late. Comments included "I see regular faces, I have three or four regular staff", "I get to see the same staff, I know them all", "They do come on time". None of the people we spoke with said they had ever experienced a missed visit.

People were protected from risks as provider had policies and procedures surrounding safeguarding. The management told us they were familiar with the process of reporting a safeguarding concern to the local authority. There was no current safeguarding activity.

There were systems in place for the recording of accidents and incidents. We viewed the log and noted there were only three accidents entered within the last year. The management informed us they would audit the records for any trends and themes to be identified should the volume of the occurrences increased.

The staff we spoke with were aware about their responsibilities to recognise and report any signs of abuse and possible harm to people using the service. Staff told us they would alert the management to raise a safeguarding alert if they had concerns. Staff were also aware they could report their concerns externally. One person said "I would report to Care Quality Commission (CQC) or social services if needed".

Records relating to the recruitment of new staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identify if prospective staff were of good character and were suitable for their role.

People we spoke with told us they did not need support with taking their medicine. The management informed us only a small number of people required assistance with taking their medicines. We saw an

example of a medicine administration records and noted there were no missing signatures.

Is the service effective?

Our findings

People using the service spoke positively about the skills and experience of staff who supported them. A person told us "Oh yes, they do know what they are doing". Another person told us "I think they (staff) are very good, I have no concerns".

People told us they had received care from regular staff who were familiar with them and their needs. One person said "I may see up to four different staff over a week, I know all of them and they are all good". Staff we spoke with also commented positively about the continuity of care. One staff member said "We visit regularly the same people, the rota is stable".

Staff we spoke with felt they had the skills they needed to provide effective care. One member of staff told us "We receive refresher training and the management is always around to assist us if only we have any concerns". Another member of staff told us "There is always support available to the staff". Staff had received mandatory training relevant to their role such as safeguarding or health and safety awareness. Staff also told us that they were trained by an external health professional if they required additional skills to be able to meet people's individual needs. The management informed us they were in a process of sourcing a new training provider to ensure that the training provision meets the requirements of The Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

The provider ensured one-to-one supervision meetings were taking place for staff where they could discuss their performance and training needs. Evidence of additional ad hoc supervision sessions to discuss a particular issue was available. We viewed three staff files and we saw they received supervision in line with provider's policy. Staff confirmed they felt well supported. Comments included "The support is really good", "I have never had such regular supervision before".

The registered managers were aware of their responsibilities under the MCA. Staff we spoke with were aware of the requirements of the Act. The Mental Capacity Act (MCA) 2005 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. One member of staff told us "We give people choice (to make their own decision), but if they were confused we'd report this to the management". Another staff said "We always ask people to give us their views and we ask for their opinions". Staff explained how they would enable people to make right choices for themselves. Staff told us about the person who may not be keen at times to have personal care and staff would explain to them the importance of this, reassure them and allow them to make the right decision so the person's skin integrity is not put at risk.

People told us they were able to make decisions about the daily care they received and were asked by staff

for their consent where appropriate. One person said "Oh, they (staff) always ask 'is it all right for me to do that, I am very pleased with them".

People we spoke with mostly told us they were independent with their meals and only needed minimum support. One person said "They will make me a cup of tea". Another person said "They will make a drink and we will sit and chat together". Staff told us they would monitor people's nutrition closely if required. One staff member said "We had one person who was unwell due to an infection and we monitored their nutrition closely".

People were supported to access health services. Care documentation reflected external professionals were involved in assessing and evaluating people's care and treatment. Professionals involved included the GP, district nurses and the occupational therapist (OT). Staff told us they would make a referral when required. One member of staff said "One person's mobility deteriorated recently and we involved an OT, they reassessed this person and we were able to increase the support appropriately to their needs".

Is the service caring?

Our findings

People told us the staff who supported them were caring. People said they were treated with kindness and compassion. People described staff in positive terms. Comments included "They are all very nice", ""They are polite but we can have a bit of laugh together", "They are caring and polite", "I will be honest, I had different carers before but they are the best ones I have ever had".

People confirmed they received their daily schedules with details of the times and visiting staff. One person said "Yes, I receive my letters (schedules) but I know all of them (staff)". Another comments included "I get these so I know who is coming to see me", "Yes, I get these, if there is a change they (office) always substitute with somebody else".

Staff spoke about people in respectful manner and referred to them with genuine affection. One member of staff told us "I care for people how I'd want to be cared for". We also noted the language used in care records and support documents was respectful and appropriate. Care plans reflected people's wishes and preferences and specified details of how they liked to be supported. For example, "[person] has a lot of jewellery which [person] likes to put on".

Staff referred to people with kindness and told us they enjoyed working at the service. Comments included "I love this job, we make a difference to people's lives and it has an effect on our lives too as we get satisfaction from this job". One of the office based staff told us they had a person ringing the office regularly 'just for a chat'. Birthday list of people who used the service was available to staff and the staff told us they ensured people received birthday cards from them.

People told us staff were polite, professional and respectful when providing support to them. One person said "They always wait for me (outside the bathroom) when I have a shower". Another person said "They will ask me how I like things done".

We asked staff how they promoted people's dignity and respect. One member of staff told us "We would always offer them a towel to cover themselves when washing, we would reassure the person if they were for example incontinent, so they don't feel bad and embarrassed about this". Staff told us how they respected people's property. One member of staff said "If I think their environment is not safe for some reason, I can't just go and say 'let's move it' as it's people's own home". The member of staff told us about the situation when they brought a potential risk involving a rug to the person's attention and they addressed this satisfactory to the person's wishes. People told us they felt the staff promoted dignity well. One person said "It's automatic for them, things like drawing curtains are a part of routine".

People told us they felt involved in their care. Comments included "They (staff) always ask me how I like things done but also they allow me to be independent as possible", "Most of the staff know my routine". A relative told us "They took my [person] through her care plan".

People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. People confirmed staff respected their confidentiality. One person said "They (staff) never discuss other people with me".

Is the service responsive?

Our findings

People told us they were satisfied with how the service was meeting their needs. The provider ensured there was an assessment process that was carried out before the commencement of the service so the level of support could be identified. The management explained that people mostly referred themselves to the service and privately funded their care.

Once a referral was made, one of the registered managers carried out an initial assessment of people's support needs. They explained about the service and they also carried out a detailed assessment of the person's needs to ensure the service was able to support that person's needs. Staff told us the service endeavour to introduce a member of staff prior to the first care visit if possible. This meant that people were familiar with the staff before they received the support.

People's care records contained personal information, care plan routine, as well as emergency personal and professional (medical) contacts. Care plans were reviewed regularly every three months or updated if a person's need changed.

We noted that the service responded well to people's changing needs. On the day of our inspection the office received a piece of information about a change of need to a person's needs following an assessment carried out by an external professional. We noted that the management immediately alerted the staff involved with this person's care. One of the registered managers told us they were going to update the person's care plan on the same day and drop it off to the person's house. They also told us they were going to spend some time with the person's family to support them as the change in person's condition was likely to affect their behaviour.

The staff told us that recently a spouse of the person receiving support, who was their main carer, suffered an incident and needed to be away from home for a period of time. Staff told us how they arranged for additional time to support the person whilst they were on their own to provide additional assistance.

People using the service were able to raise concerns and complaints. All the people we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or the management about anything. One person said "I have never needed to complain". Another one said "I never made a complaint but I am confident it would be dealt with". A relative told us "We never had to complain". One person told us about the time when they raised a minor concern relating to housekeeping duties and this was addressed promptly. We were shown the provider's complaints policy and procedure. We saw the Client Handbook that was given to people explained the complaints process and what they could do if they were not happy with the quality of service they received. No formal complaints were recorded by the office.

People's views were sought through an annual survey and questionnaires. We saw last year's survey response and we noted positive comments were received. The management informed us this year's surveys questionnaires forms were sent prior to our visit.

Is the service well-led?

Our findings

The service was well-led. There were two full time registered managers both of whom were registered with the Care Quality Commission (CQC) and the requirements of registration were met. People and the relatives we spoke with told us they thought the service was well managed. Comments included "I have no concerns about the service", "I would definitely recommend them to anyone", "They provide a very smooth service", "It's a really good firm", "They (service) definitely live up to their name".

Staff spoke positively about the management and the support they received from them. Comments included "They are very good, if only we have any concerns we can talk to them at any time", "Good support, this is what's nice about a small company".

Staff told us they had care staff meetings and we saw evidence of this. We noted there were ad hoc meetings held if a specific issue needed to be discussed. Any actions arising from the meetings were documented in a form of an action plan and displayed in the office for the team to see. Office staff meetings were held separately and a separate action plan was produced as an outcome of these. Staff had opportunities to contribute to the improvement of the service were. Evidence of the recent staff survey was available and the management told us any individual concerns were followed up with staff during their one to one supervision sessions.

The management had systems in place to monitor the quality of service such as quality assurance visits however the main aspect of quality monitoring was that both managers worked hands on providing the service to people. They said they believed in leading by example and by working as a part of the care team they were able to demonstrate how they worked and how they expected their staff to work. Both of the registered managers told us they ensured that between them they visited all the people on regular basis. This meant that people were able to discuss any changes, concerns or issues and the management were able to address these promptly.

People's feedback reflected that they were very familiar with the management and they felt confident in them. Comments included: "Yes, I know the manager, they work too and visit as a part of the team, they don't just sit in the office", "Manager sometimes comes as a carer", "Oh, yes, I know people who run the office", "I know the management, one came to do my care today".

There was a whistle blowing policy in place that was available to staff. The staff we spoke with were aware about whistle blowing. One member of staff said "Yes, I am aware about whistle blowing, we can also raise anything in confidence and remain anonymous if we wish".

The service worked closely with other external professionals including GPs, occupational therapists and district nurses. Care Compassion and Conversation participated in the local Women in Business awards scheme. The management told us they were interviewed for the two categories they won. This resulted in nomination for the West Oxfordshire Business Awards. The service was also nominated for the Age UK awards by people who use the service their friends and families. This meant the management received the

recognition and a further incentive to sustain and promote the quality of the service.