



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

**Compass Community Care Ltd**

**Mold**

**Type of Inspection – Full**  
**Date(s) of inspection – 5 December 2017**  
**Date of publication – 11 January 2018**

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## Summary

### About the service

Compass Community Care Ltd is a domiciliary care agency registered with the Care and Social Services Inspectorate Wales (CSSIW). The agency provides care and support services to older people and people aged eighteen years and over with physical disabilities, sensory loss/impairment, mental health and learning disabilities. The agency is based in offices at Mold. Services are provided to people in shared houses and living in their own homes in the community.

### What type of inspection was carried out?

This was a baseline inspection undertaken as part of our inspection programme. We (CSSIW) made an unannounced visit to the agency office on 5 December 2017 between 9.30am and 4.00pm.

The following methods were used:

- We spoke to two people who used the service by telephone.
- We spoke with three staff members, the registered manager, the responsible individual and the service manager.
- We sent out questionnaires asking people receiving a service, relatives/representatives, staff and professionals to comment on their experience of the service. Ten questionnaires were returned.
- We looked at a sample of records and documents in regards to the operation and management of the service. We looked at care plans and records relating to seven people in receipt of the service and we looked at four staff files.

### What does the service do well?

People who contributed to the inspection were very positive on the whole about the care workers. Staff enable people using the service to live as independently as possible. Through involvement in care plans and the quality assurance process, people have input into how the service which directly affects them is delivered.

### What has improved since the last inspection?

At the previous inspection it was recommended:

More information is recorded in the quality of care review on comments people make and how they influence service development. This has been achieved.

### What needs to be done to improve the service?

There were no non-compliance issues identified from this inspection.

## Quality Of Life

In summary, people were positive about their experience of the agency and told us they had care workers they liked and who knew how to support them. People were consulted about the care they received and this was reviewed with them regularly. Service delivery plans gave a sense of the person and showed in detail how people wanted their care provided.

People using the service have choice and influence in how their care is provided. This is because they are involved in the planning of their care. Of four questionnaires received from people receiving the service, three stated a member of staff had visited them prior to using the service to discuss the care they would require and how they wished this to be delivered, one could not remember. When viewing people's files, we saw that all seven had proof that people receiving a service had been visited prior to support commencing. We saw service delivery plans which showed they had been reviewed regularly and this was also confirmed by responses we received in questionnaires from people using the service. Of two questionnaires received from relatives of people using the service both confirmed they were aware of the care plan; one stating they weren't aware of this until recently. One person we spoke with over the phone said *"I did have input, now my (relative) does"*.

People with complex needs experience appropriate, responsive care from care workers with an up to date understanding of their individual needs and preferences. This is because each person has a care plan which sets out the care needed. We viewed seven people's files which were detailed, giving information about the person and showing how they liked things done. Each plan we viewed was personalised and gave a reflection of the person and their background. We viewed care plans which had been signed by the people receiving support. Staff told us the details in the care plan were adequate enough for them to do their job and they always read the plans before going to support new referrals. If people required medication, details of these medicines were shown in the care plans. When we spoke with care workers we were told they had received training around medication, this again was confirmed by viewing details of training supplied to us by the registered manager.

The majority of people experience continuity of care. The staff we spoke with told us they generally had regular people to support. When we spoke with people using the service they advised us they had the same people to support them. Four of the three questionnaires returned from people who receive support stated the agency did provide continuity of care. One of two questionnaires received from relatives told us they didn't receive continuity of care from the agency, the other response did. Everyone questioned except one relative felt all care workers visiting them did their job well.

## Quality Of Staffing

Overall we found that people received reliable care. Staff who work for the agency feel supported by their line managers. Staff felt they had appropriate training; there was an ongoing programme of training and supervision and new care workers were inducted into their role.

People receive timely support and care. People who receive a domiciliary service in their own homes told us care workers arrived when they were scheduled to and they were kept informed if people were going to be late which didn't happen very often. People living in shared houses also confirmed care workers were never late and they were aware when care workers were coming to support them. People also told us care workers stayed for their allocated time and did not rush when providing care. Care workers advised us if they were running late they would either contact the person or would contact the office. Care workers confirmed they had sufficient time to complete their calls thoroughly.

People are cared for by staff who have training and supervision to support them in their role. This is because the agency has an ongoing staff training programme. We found evidence of this when looking at records, in questionnaire responses and during discussions with care workers. Examples of the training provided were first aid, manual handling, safeguarding, medication awareness, epilepsy and autism. When commencing employment for the agency, new staff undertook a comprehensive induction process which included training on topics such as medication, safeguarding fire safety and first aid. As part of the induction programme, new staff shadowed the people they were to support for the first three months and then were lone working. Care workers told us they received sufficient training to help them to do their job and they were never asked to undertake tasks they didn't feel able or confident to do. This was reiterated in the questionnaires returned to us by staff. Records showed that care workers received one to one supervision and annual appraisals, this was confirmed in discussions with and questionnaires returned from staff. We did see evidence regular team meetings were taking place, this again was confirmed when speaking with staff.

People receiving a service experience good interactions with staff. The people we spoke with and those who completed questionnaires were very complimentary of their care workers. Comments included "*staff are very very good, 100%, they even came to my (relatives) at Christmas to undertake the support*", another person rated them a 10 out of 10 and said the care workers were "*very good*".

## Quality Of Leadership and Management

In summary, we found the agency was run in an efficient way with systems in place to monitor the quality of the service provided.

Overall, people using the service, working in the service or linked to the service are clear about what it sets out to provide. There is a statement of purpose and separate service user guide which sets out, in detail, the aims of the service and what people can expect. The documents include a precis of policies and procedures, the management structure of the organisation, how the agency will meet people's needs, its philosophy of care and its strategic aims and objectives.

People using the service are involved in measuring the quality of the service because they are asked for their opinion of the quality of care and the services provided. This was achieved through questionnaires sent to people using the service. The findings of these surveys form part of a wider quality assurance process whose outcomes are communicated to people using the service and their relatives through an Annual Report which is a summary of findings document which is sent to them upon request. This quality assurance is measured against CSSIW regulatory standards. The agency also arranges for service discussion meetings to be held quarterly with people using the service where the Annual Report document is available and where people are able to discuss the service they receive. The results of these fora also feed into the quality assurance process. We saw the quality assurance process which the agency undertakes is thorough. We viewed documentation which showed monthly checks are undertaken by senior care workers in areas such as care plan reviews, food hygiene, fire safety, medication, these checks are audited by the service manager and the registered manager and were all up to date. We also saw evidence managers ensure the service provided by staff is of an acceptable standard by undertaking regular spot checks of care staff whilst undertaking their work in people's homes.

People know there is a management team who oversee the service they receive as the statement of purpose shows the management structure of the organisation. We looked at four staff files and noted the recruitment processes were robust and appropriate safety checks had been undertaken. Overall, care workers told us in interviews and through questionnaires received that they felt well supported and had regular supervision and annual appraisals. People knew how to raise a concern or complaint and we saw the compliments and complaints folder which showed the agency had received no complaints in the last twelve months. We saw there was a full range of operational policies and procedures in place to support practice, which included complaints, medication and safeguarding.

## Quality Of The Environment

This theme is not relevant to domiciliary care agencies

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.