

Companion for Care Services Limited

Staffordshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Staffordshire is a Domiciliary Care Agency (DCA) registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported approximately 19 people with personal care in their own homes.

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.

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

People's risks were not effectively managed. Some people who had specific health care needs did not have this recorded in their care plans. Although people told us they received their medication, the provider did not have 'as and when required' medication protocols in place and the recording was not robust. People needing topical creams applying did not have this effectively recorded.

New staff had been employed without the required references in place and were not always adequately trained before carrying out care calls. This put people at risk should they need support in being moved.

People's care plans lacked detail in relation to their requirement of needs and information contained within some care files was contradictory. This meant new care staff could become confused and misunderstand people's required needs.

People were not supported to have maximum choice and control of their lives and although staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Governance systems were not robust and did not support the improvements needed to the service.

People told us they felt safe and gave positive feedback. Relatives also gave positive feedback about the care their loved ones received from the service.

There was a positive culture amongst the staff, they told us they felt supported in their roles and enjoyed working for the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12/03/2019 and this was the first inspection.

Why we inspected

Our intelligence and monitoring systems highlighted to us the service was high risk. As a result, we undertook a comprehensive inspection as the service had not been previously inspected.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified five breaches of regulation. The provider had not ensured people's medicines were managed safely and their risks were not always identified (Regulation 12). The provider had failed to ensure people's Mental Capacity had been effectively assessed and could not evidence if people had Lasting Powers of Attorney in place to allow others to legally act on their behalf. (Regulation 11). The provider failed to ensure sufficient pre-employment checks had been carried out prior to staff commencing employment and had failed to ensure staff were effectively trained to meet people's needs prior to carrying out care calls (Regulation 18). The provider had not ensured people's care plans were consistently person centred considered people's end of life wishes (Regulation 9). The provider had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided (Regulation 17).

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We requested an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Staffordshire

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

This inspection was carried out by two inspectors 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.

Service and service type

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

The service did not have a registered manager registered with the Care Quality Commission. However, the manager in place was also the provider. We have referred to them as the manager in the body of the report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care

provided. We spoke with seven members of staff including the provider/manager, care workers, and the admin/care coordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not consistently managed safely, although no one had come to harm as a result of this.
- Medicines records were unclear and did not detail what level of support staff needed to provide. This meant the provider could not be sure if people had been given their medication.
- People who were prescribed medication 'as and when required' (PRN) did not have protocols in place. This meant staff did not have additional guidance to be able to recognise when PRN medication was or was not required. Therefore, we could not be sure if people had received their medication as and when they required it.
- Topical medicine administration records (TMAR) charts were not being completed. This meant the provider could not be sure if people were having their prescribed creams applied.
- Risk management plans had not been consistently developed for specific healthcare conditions, such as diabetes. Care plans were ineffective at providing guidance to staff, exposing people to the risk of harm.
- For example, we saw one person had a risk assessment in place for their diabetes, yet another person who had diabetes did not have a risk assessment in place. This person's diabetes was controlled through medication, yet there was no mention of this in their care plan.
- People who required support to move safely did not always have it recorded in their care plans despite seeing this information in the daily records.

The above constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they were given their medicines. One person said, "Staff sort out my medication for me and give it to me with a glass of water. I can take them myself though. I like to keep as independent as possible." A relative said, "Staff do all the medication for [relative] they give it to [relative] and watch [relative] take it."

Staffing and recruitment

- Improvements were needed to ensure staff were of good character in particular staff did not always have adequate references in place prior to commencing employment.
- Pre-employment checks such as checks with the Disclosure and Barring Service (DBS) were carried out prior to employment. The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.
- People and relatives told us they usually had the same carers supporting them. One relative said,

"[Relative] gets agitated if they don't know people, so it took a while for [relative] to feel comfortable with the staff who call. However, they [the provider] do their best to make sure [relative] gets the same people every time and we appreciate that. They [staff] are really lovely with her."

- People told us staff usually turned up in the timeframe they expected them and if staff were going to be later than expected they would generally receive a call. One relative said, "Staff are rarely late, but we do get a message to say if they are going to be late."

Learning lessons when things go wrong

- When errors had occurred these were discussed during team meetings. However, the same issues arose month on month. This meant we could not be sure lessons were learnt when things went wrong, and action taken to mitigate the risks associated with people's care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes I feel safe. I'm confident with the things they [staff] say to me and what they do. They [staff] are just like family to me. They [staff] look after me."

- Relatives told us they felt their relatives were safe. One relative said, "Yes, [relative] is definitely safe. If there is something wrong, they [staff] always give me a ring. They [staff] make sure [relatives] doors are locked after every time they [staff] visit, because [relative] sometimes left them unlocked at night-time."

- Staff were able to identify what constituted abuse. They told us they would report any concerns to the manager and were confident they would take action.

- The manager recognised their responsibility to report concerns to the local safeguarding authority for investigation.

- The manager said, "Safeguarding is discussed as part of the team meetings, it is also part of recruitment process and questions are part of the interview."

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE) One person said, "Staff already have their mask on when they arrive and then put the apron and gloves on when they get inside. They [staff] always wash their hands before they put on their gloves. They [staff] put different gloves on when they prepare my food."

- A relative said, "Staff always come with a mask on, wash their hands then put gloves and apron on. They [staff] are so careful. It's second nature to them."

- Staff were trained and understood their role and responsibilities for the control and prevention of infection. One staff member said, "We have done infection prevention and control training on-line. We also have had COVID training. It is hard to stay on top of things as there is so much change but, we use aprons, gloves, masks, visors, shoe covers. I have enough PPE and I feel safe. People understand why we wear it."

- The manager told us they had COVID and PPE guidance in place. They said, "The COVID document is 'RAG' rated which supports staff in what COVID measures to take."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We could not be sure peoples' rights were being upheld.
- Assessments about whether people could make certain decisions were contradictory.
- For example, one persons Mental Capacity Assessment stated they had capacity regarding their personal care. However, a best interest decision was completed suggesting they lacked capacity.
- The manager demonstrated a lack of understanding of the requirements of Lasting Power of Attorney.
- For example, one person's records showed a relative had signed consenting to the care of their relative. However, there were no legal documents in place to evidence they had legal powers.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Some staff had not been effectively trained prior to carrying out care calls to people. We saw the staff rota detailed some staff who had not been trained in safe moving and handling and safeguarding training. This placed people they were supporting at risk of avoidable harm.
- As identified under the key question of safe, people were placed at risk of receiving inconsistent or unsafe care because not all staff were adequately trained prior to delivering care.

The above constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt staff were sufficiently skilled and experienced to support them. One person said, "All the ones [staff] that I have are well trained. They [staff] know what to do and how I like it done. They are confident in what they do."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of need were not comprehensive and at times contradicted the original plan set out by the commissioners and other professionals. This meant there was conflicting information on people's specific health needs which could potentially confuse staff on how care and support should be delivered.

- For example, one person had an occupational therapy assessment which stated they were unable to get around their home independently. Yet the care plan devised by the provider stated [person] uses frame or trolley. This put them at risk of potential falls should the specific care needs not be followed by professionals.

- People's needs assessments did not always include dates to show when these had been completed.

- Despite people telling us their care needs were assessed and reviewed, we did not see any evidence of this. For example, one record stated their care needs would be reviewed in 12 weeks or when needs changed. There was no evidence the review of their care needs had taken place.

- One person said, "I had a meeting at the house, and we discussed what my needs are and we've had several reviews to see if anything needs to be changed." A relative said, "We were involved in putting together the care plan and it gets reviewed regularly. If we think it needs to be changed, I just give them [the manager] a ring and it's done."

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

- Peoples' care plans were not detail enough information to ensure people had a choice or to ensure their risks were managed.

- Despite the manager stating there was no one on food and fluid monitoring, we saw some people were at risk of weight loss. The manager said, "We do risk assessments. We do food monitoring charts, dietary intake charts for those at risk. Due to the nature of the care provided what we try to do for someone who is at risk at dehydration; we have started to monitor their drinking." We did not find this to be the case.

- For example, one person's original plan set out by the commissioners stated they had been prescribed nutritional supplements. However, there was no mention of this in their care plan and there was no nutritional risk assessment in place to detail how their risk was going to be managed.

- Where staff had the responsibility to support people with their nutrition and hydration, people and relatives gave us mixed feedback. One relative said, "Sometimes the meals they [staff] prepare are not always done well." One person said, "Staff prepare my breakfast every morning for me. They know I like toast and marmalade."

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

- Professional communication records we reviewed in care files were blank. Therefore, we could not be assured staff were effectively communicating with external professionals to ensure people's needs were being met.

- A relative said, "The staff do get support for [relative] from health care providers if needed. Once they [staff] rang the doctor when [relative] had run out of tablets. They [staff] also rang the surgery to ask if some of [relatives] tablets could be changed to medicine, because [relative] has a tendency to choke on tablets sometimes."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- People and relatives were very positive about the staff and told us staff treated them with kindness. One person said, "They [staff] are ever so good, they really are. They are kind and they talk to me and it's nice to have somebody in to talk to me. They are all good." A relative said, "They [staff] are all kind, gentle and caring and talk to [relative] while they work to reassure them."
- Another relative said, "The transition from one team to the other was smooth and faultless. [Relatives] care has been brilliant and they've [staff] been very caring and kind to all the family. They [staff] always greet [relative] and then speak to all of us in turn. They [staff] rush nothing and take as much time as is required to look after [relative] and the family. They [staff] ask [relative] what they would like them to do for them, and not just do it to [relative]."
- People told us they felt involved in making decisions about their care. One person said, "I only have to ask staff to do something and they'll do it for me. They take notice of everything I say."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected.
- People were complimentary about the staff. Comments included, "Staff are so friendly, and kind and they have a 'bedside manner' about them. They really are lovely" and "They [staff] are very respectful. They wash or shower me every day and they do it respectfully."
- Relatives were complimentary about the care their relatives received. Comments included, "[Relative] likes a laugh and they [staff] joke with [relative] to put them at ease. They give [relative] plenty of time to do things", "That's the thing I've been most impressed with. They [staff] treat [relative] with dignity and respect at all times. They [staff] have tried hard to build a good relationship with [relative]" and "[Relative] has given up on their independence really and doesn't want to move. They [staff] get [relative] to do things if they can."
- Staff were able to give examples of how to support people to maintain their dignity, such as keeping people covered up during personal care, closing curtains or blinds, and doors. One staff member said, "If they [people] are able to be independent we promote and prompt this, keeping independence is very important to people, older people in particular."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans were inconsistent. Whilst we saw some care plans were person-centred others were not, they either lacked detail or were incomplete.
- People's preferences were considered in relation to what they 'liked' however, not all care plans highlighted peoples 'dislikes'.
- People's care plans were not always updated with current information when people's circumstances changed. Due to people's care plans not being up to date, staff were not given accurate information relating to people's needs. We could not be assured care given to people was sufficient and met their preferences.
- The service supported people during the end of their lives, however, people did not have end of life plans in place which considered their wishes and preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they were involved in the initial planning of their care. One person said, "Yes, I had a meeting with staff to decide what needed to be done to help me and they [staff] do exactly what I asked for." A relative said, "We were part of the care plan and they [staff] do what we have asked for. I sometimes ring the manager and ask them to tweak it and they do."

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.

- The provider was not aware of the AIS and had not identified people's information and communication needs. When this was explained to the manager, they said, "We do not have special documents in place."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People and relatives told us they knew how to make a complaint. One person said, "I would contact the office first. If nothing was done about it, I would go higher, I think. I haven't had to make a complaint though. I am very happy with what they do for me."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager lacked an understanding of the Mental Capacity Act 2005 and was not meeting the requirements set out in the regulations.
- The manager did not understand the principles of effective quality assurance.
- Governance systems in place were not effective when identifying areas of improvement.
- The manager did not ensure PRN protocols were in place for people that needed 'as and when required' medication. Meaning staff did not have guidance to recognise when people needed this medication.
- The manager failed to implement Topical Medication Administration Records (TMARs) in people's medication records, therefore, these were not able to be audited.
- The manager had not ensured people's care plans consistently highlighted specific health needs, such as diabetes.
- The manager had failed to ensure robust pre-employment checks were carried out for staff and failed to ensure they were sufficiently trained prior to delivering care.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The manager had not ensured people's care plans detailed which other professional bodies were working with people. This meant staff may become confused to who was responsible for dealing with certain care needs, such as skin sores.
- The manager told us they worked in partnership with other professionals such as GP's, although found this difficult at times. The manager said, "We work with the GP, but this can be slow and complicated so now I go through social services." A staff member said, "Sometimes if we are in clients house, we may run into a district nurse, if not we tell [the manager] and they contact the district nurses."

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

- The manager ensured people who used the service and their relatives were given the opportunity to feedback about the service provided. The manager said, "We do feedback questions with the clients, both on paper and phone. We do these once a fortnight unless we think there is a risk with a client, we do it weekly."

- Comments from people included, "I have had a questionnaire in recent months, yes. I was asked what I thought about the staff", "I haven't had a questionnaire as such, but I have had a telephone call or two about my views" and "No, I don't think I have had anything to fill in."
- Comments from relatives included, "I have done one over the phone and [relative] has filled in a questionnaire", "I did a questionnaire for them last year", "We've only had care for [relative] for eight weeks, but we have had a phone call to ask us how it was going" and "The office ring us sometimes to make sure everything is going okay, but I haven't filled in a questionnaire."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were complimentary about the service and told us how they felt supported in their role. One staff member said, "We do all help each other if we know there are issues, we will also let each other know and everyone is really supportive."
- Staff told us how they felt they could approach the manager to raise concerns and felt they would be listened to.
- Staff were encouraged to attend team meetings. One staff member said, "I attend all the meetings every month. They are useful, they [management] always give you information and ask if you have any concerns. I think everything that is spoke about in the meetings is acted upon immediately." Another staff member said, "They are useful, if there are concerns, they are voiced and things do change and any changes we need to be aware of, we are told about."

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

- The manager understood the principles of the duty of candour. They said, "It is about openness and being honest. You would rather realise you have made a mistake and apologise than cover it up. We learn from our mistakes."
- People and relatives told us the manager was open when things had gone wrong. A relative said, "I only had to say something once when a new staff member forgot to make [relatives] lunch and the manager said they would send someone out again. They were very apologetic."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care plans were inconsistent which meant they were not person-centred and people did not have their end of life care plans in place which considered their wishes or preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider lacked understanding of the Mental Capacity Act 2005 and were not meeting the requirements.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that sufficient pre-employment checks had been carried out prior to staff commencing employment and had failed to ensure staff were effectively trained to meet people's needs.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely and people's risks were not always identified.

The enforcement action we took:

We imposed a condition on the providers registration requiring them to send us a monthly update about action taken to become compliant with this regulation.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure effective governance was embedded into the service and had failed to identify areas for improvement to the quality of people's care.

The enforcement action we took:

We imposed a condition on the providers registration requiring them to send us a monthly update about action taken to become compliant with this regulation.