

The Care Company Plus Limited

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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

About the service

The Care Company Plus is a domiciliary care agency providing personal care for people living in their own homes. The service was supporting 80 people at the time of our inspection.

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

Feedback from people and their relatives was positive about the support provided. People received the support they wanted and were complimentary about the caring staff team.

The management team reviewed records each month. We have made a recommendation to ensure records are returned to the office in a timely manner for checks to be made and to ensure information is kept up to date.

People and relatives said the management team were approachable. Most staff were also positive about working for The Care Company Plus and felt well supported by the management team. The manager sought feedback from people, their relatives and staff through reviews, surveys, staff meetings and supervision meetings.

Staff received the training they needed for their role, although this hadn't all been recorded on the company's training matrix. Staff were safely recruited; however, their full employment history was not always recorded. The manager said they would ask about any gaps in employment history during the interview process.

Clear care plans, risk assessments and task sheets identified the support people needed. These were regularly reviewed to ensure they reflected people's needs. Where identified in their care plan people received support with their medicines, food, health needs and to observe their faith.

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.

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

Rating at last inspection

The last rating for this service was good (published 6 October 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Care Company Plus Limited

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 completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had not had a registered manager since April 2018. The current manager was in the process of registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited, with their permission, four people supported by The Care Company Plus and telephoned nine people or relatives. We spoke with four members of staff, including the manager, a director of the service, a field care co-ordinator, the training support worker and five support workers.

The director had applied to the CQC to be the Nominated Individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three 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.

After the inspection

We spoke with five members of care staff by telephone.

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.

Assessing risk, safety monitoring and management

- Risk assessments were written identifying the potential risks to people's health and wellbeing, including moving and handling and environmental risks within the home. Guidance was provided for staff to follow to manage these risks. These were regularly reviewed.
- People and relatives told us they felt safe being supported by the care staff from The Care Company Plus. One relative said, "They (the care staff) know how to use the hoist safely."
- All the guidance information was available in each person's home for the care staff to refer to.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding vulnerable adults.
- Incident forms were used to record any incidents, for example if someone had fallen. The incident forms were reviewed by the manager and any action to reduce a re-occurrence noted.

Staffing and recruitment

- Staff continued to be safely recruited, with all pre-employment checks completed prior to the staff member starting work. However; applicants' full employment histories were not always recorded. We discussed this with the manager and Nominated Individual, who said they would add a question about employment histories to staff interviews.
- People and relatives told us that the care staff turned up on time, stayed the full allotted time and never missed a call. On the few occasions where staff were running late, the service informed people of this.
- Regular staff supported people. New staff were provided with an overview of people's needs and were usually introduced to people before they started to support them. One person said, "I get the same ladies. I know them well even though my memory is bad now and they know what I need. They write notes for each other in case I can't remember"

Using medicines safely

- People received their medicines as prescribed. Clear care plans identified who was responsible for ordering, collecting and administering people's medicines. A relative said, "They (the care staff) know where the medicines are kept including ointments and always record what they have done."

Preventing and controlling infection

- Staff received training in infection control and food hygiene.
- Personal protective equipment (PPE) was available for staff to use. People we spoke with said that care

staff always wore PPE when supporting them with personal care.

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.

Staff support: induction, training, skills and experience

- Staff told us they completed regular training at the office, including answering questions after watching DVDs as well as taught courses. The training matrices were not fully up to date because the service had had issues with the database system used for this. Therefore the service did not have a full oversight of when refresher courses were required. The staff files we saw contained up to date training certificates.
- New staff completed all training courses and a work booklet as part of their induction. They then completed a series of shifts shadowing experienced members of staff to get to know people's routines. However; staff who had not worked in care before were not enrolled on the Care Certificate, which is the nationally recognised standard for care staff. The manager told us they were currently arranging for the care certificate to be available through a local training provider.
- People and relatives thought the care staff were trained for their roles. Relatives said, "We have a hoist, there's always two staff so we can use it safely" and "The staff are competent and safe."
- Most staff said they felt well supported and had supervision meetings and staff meetings. They said they were able to contact a member of the management team at any time for advice if they needed to.

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

- The manager or field care co-ordinator completed an initial assessment of people's needs and wishes. This identified all tasks care staff would complete at each visit and assessed any risks there may be for the person or care staff.
- People, their relatives and relevant professionals where appropriate, were involved in the initial assessment.

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

- Care files clearly identified the support people needed with their meals.
- Staff ensured people had food and drinks available at the end of their visits. A relative said, "Staff prompt [name] to eat before they go. I do the shopping and buy what she likes. Staff will then make what [name] wants."

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

- Staff explained that they monitored people's health at every visit and would contact the person's family, GP or ambulance if people were unwell. Staff would liaise with the manager to cover their calls if they had to stay with a person until the paramedics arrived.
- The times of people's support visits could be changed if people had to attend appointments at their usual

support time. Care staff supported people to health appointments if this was part of their care plan.

- If required, the service worked alongside other professionals, for example other care agencies or district nurses. One relative told us, "They got the adaptation team involved and we have a hospital bed and slide sheets now, as well as a wet room. It's much better."

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.

- People's capacity to agree to their care and support was assessed when they started being supported by The Care Company Plus. This was reviewed as part of the regular reviews of people's needs and support.
- Where people were funded by the local authority, their capacity to agree to their care or a best interest decision had been made prior to the service being engaged to provide support. The manager and director were aware of the procedures to inform the relevant local authority if people's capacity changed.

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 we received from all the people and relatives we spoke with and visited was positive about the care staff who supported them. One person said, "They (the care staff) are all very helpful in every way." Relatives told us, "They all sit down and ask how she is when they come in, and leave the blinds shut and radio on when they go at night" and, "She's always treated with respect, they call her Auntie like family."
- People's care plans contained brief details about people's life history and family, to give staff some background information about the people they were supporting.
- Any cultural needs were identified during the initial assessment, including any religious observance, preferred language or preference for male or female care staff. We were told these wishes were respected. Where it was part of people's support plan, staff supported people to observe their faith.
- Staff were matched with the people they supported so they were able to communicate effectively in the person's preferred language. A relative said, "They (the staff) speak our language, so are able to understand her care needs"

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

- People and their families where appropriate, were involved in agreeing the support they wanted, their care plans and the times of their support visits.
- Care plans had a specific section to identify people's communication needs during the initial assessment and subsequent reviews. This included any non-verbal communication used by the person to express how they were feeling.
- People and relatives said the office staff contacted them regularly by telephone or visiting to ask if there were any changes they wanted to their support.

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed what people were able to do for themselves and where they needed support. One person had commented in their review meeting, "Carers greet me and talk to me throughout my care. They encourage me to do things with their help."
- People and relatives told us that staff always respected their privacy and dignity. One person said, "They (the staff) always knock on the bathroom door, allows me to do things for myself and give me privacy in bathroom if I want a soak."

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; 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

- Comprehensive, clear plans were in place that identified the support people needed. A detailed task list was used to identify what support was to be completed during each support visit. Care staff made notes on the support provided at each visit.
- Care plans were reviewed six weeks after the service started and then every three months to check they continued to meet people's needs and wishes. These were a combination of meeting with people and telephone reviews. A relative said, "We have been involved with the care plan from the offset. The staff know and follow it."
- Staff said they would inform the manager if people's needs changed between these reviews.
- Where it was part of the agreed support, care staff supported people to attend social activities.

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 initial assessment and care plan identified people's communication needs and preferred language. Some staff were able to speak a second language and so if people, or their families' first language was not English, these staff would support them so they could communicate effectively.

Improving care quality in response to complaints or concerns

- The Care Company Plus had a formal complaints policy in place, which was included in the service user guide provided to each person being supported. Very few complaints had been received and those that had had been resolved promptly. A relative said, "I rang with a concern, we had a meeting with the company and social services where the matter was resolved."
- People and relatives told us they knew how to make a complaint, although most said they had never to do this. One person said, "I've never needed to complain, I have no problem with the carers" and a relative said, "Everything is on time, I've never anything to complain about."

End of life care and support

- There was no one receiving end of life support at the time of our inspection. The manager explained they would work with other professionals, for example GPs and district nurses, when supporting people at the end of their lives.

- People's care plans identified any wishes people had for their end of life care. For most people, their families would make all the necessary arrangements.

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.

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

- The manager had recently applied to be registered with the CQC. The Care Company Plus had not had a manager registered with the Care Quality Commission (CQC) since April 2018. We discussed the reasons for this with the director and manager.
- The management team checked the daily notes and medicines administration records when they were returned to the office. Any issues identified were raised with the relevant care staff. However; not all records were returned promptly to the office so issues could not always be identified and addressed in a timely manner.
- Care plans we saw were all reviewed and up to date. Meetings were held with people and their relatives every six months to review their care plans. The manager audited a selection of care plans each month to ensure they reflected people's needs. However; these were not easily tracked due to the way they were stored meaning the director could not see how many had been checked and what issues, if any, had been identified.
- As detailed in effective the staff training matrix was not up to date. Although staff had completed a range of training courses and received full induction training, a complete overview of the training staff had completed and needed to refresh was not available.
- Spot checks were completed to observe staff during their support visits. A spot check was completed one month after the service started to support a person to check they were happy with their support and if there were any changes required.
- People and relatives told us the service regularly contacted them, either by phone or a meeting, to ensure their support continued to meet their needs. One relative said, "They (the management team) come out to check to make sure everything in place that we want. They will also come to my house as well if it's easier." The local authority told us, "The manager has good oversight of the service with regular quality assurance checks and audits being completed."

We recommend the manager reviews the quality assurance system in place to ensure audits are completed in a timely way and information is up to date and accessible.

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

- People and relatives we spoke with were very complimentary about the care they received and the

management team. Relatives said, "It's a good, fantastic service. Staff are good, [name] is happy which is most important" and "Very helpful, very good, they are responsive and adaptable; a great help."

- Most staff were also positive. We were told the management team were approachable and would respond to any calls they made to the office or the out of hours on call service.
- The registered manager knew the kind of incidents that needed to be notified to the Care Quality Commission.

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

- People, their relatives and professionals were involved in reviewing and agreeing their care and support plans.
- Annual surveys were used to gain feedback from people, relatives and the staff team. The results from the 2019 surveys were overwhelmingly positive. The results from the people and relatives survey were collated and a report sent to all people using the service explaining how the service would respond to any suggestions or comments made. The results of the December 2019 staff survey were being collated at the time of our inspection.

Continuous learning and improving care; Working in partnership with others

- All incidents were reviewed, and actions put in place to reduce the chance of a re-occurrence.
- The service worked with other professionals, for example district nurses, where required.