

Caring Companions 4 U LTD

Caring Companions

Inspection report


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27 June 2019

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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? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Caring Companions is a domiciliary care service providing care and support to people living in their own homes.

Not everyone using the service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 31 mainly older people were being supported with personal care.

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

People were at risk of receiving unsafe or ineffective care. The provider had not safely recruited new staff or made sure they had completed appropriate training to safely meet people's needs. Care plans and risk assessments did not contain enough information about risks and how these should be managed.

The provider did not have a training plan in place and did not always keep detailed records about how they had inducted new staff, assessed their competency or related to the management of the service.

Staff had not been trained in infection prevention and control, and did not use aprons to minimise the risk of spreading germs. There was not enough information recorded to support and guide staff to safely administer people's medicines.

People gave very positive feedback about the quality of the care they received, but these shortfalls in the provider's management of the service put people at risk of harm. Although open to feedback and committed to developing the service, management were still developing their knowledge of the regulatory requirements and good practice guidance.

We made a recommendation about following good practice guidance in relation to end of life care.

People shared very caring relationships with the kind and respectful staff who supported them. Staff listened to people, understood what was important to them and provided person-centred care to meet their needs. People's privacy and dignity was maintained.

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. Staff supported people to make sure they ate and drank enough, and to access healthcare services if needed.

People felt able to complain about the service; they had the information they would need to raise concerns and told us the management was approachable and responsive to them.

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

Rating at last inspection

This service was registered with us on 17 May 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Enforcement

We have identified breaches of regulation in relation to the safety of the care provided and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Caring Companions

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 5 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 24 June 2019 and ended on 27 June 2019. We visited the office location on 26 and 27 June 2019.

What we did before the 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 spoke with six people who used the service and one person's relative about their experience of the care provided. We spoke with the two owners (one of whom was the registered manager and nominated

individual) and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at three people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at six staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

Is the service safe?

Our findings

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

At this inspection this key question was 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.

Assessing risk, safety monitoring and management

- People were at increased risk of harm because detailed care plans and risk assessments were not in place to show risks had been assessed or to guide staff on how to safely meet people's needs.
- People consistently told us they felt safe with the support that staff provided, but the provider's approach increased the risk of people receiving unsafe care. For example, detailed risk assessments were not always in place to guide staff on how to support people who were diabetic or had problems with their skin.

Using medicines safely

- Improvements were needed to ensure medicines were managed safely.
- Good practice guidance had not been followed; one person did not have a medication care plan or risk assessment. Medication administration records did not include information about people's GP practice or any allergies.
- Information was not recorded to guide staff on when to administer medicines prescribed to be taken only when needed, topical creams, or to help monitor where patches were applied.
- Medication audits had not identified and addressed these shortfalls.

Preventing and controlling infection

- People were at increased risk of healthcare related infections; staff had not completed training in infection prevention control. They wore gloves, but did not use aprons when needed to reduce the risk of spreading germs.
- The provider had not assessed the risk of spreading infections and explored whether they needed to provide staff with sanitising hand gel.

Staffing and recruitment

- People had been put at risk of harm, because the provider had not followed safe recruitment practices; references and criminal records checks had not been completed before new staff started working with people who may be vulnerable.
- Interviews were not recorded; staff's identity and right to work in the county had not been checked before they started work.

The failure to follow a safe recruitment process, to make sure detailed care plans and risk assessments were in place, when managing medicines and to assess the risk of spreading infections, showed the provider had not done all they reasonably should to reduce risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received reliable and timely care and support; they explained, "Staff are there when you need them, I couldn't be happier with my care" and "They are rarely ever late, and on the odd occasions there is an emergency, someone tells us. They are like clockwork, and do everything that is asked for and more."

Learning lessons when things go wrong

- The registered manager told us there had not been any accidents or incidents involving people who used the service.
- Staff had not followed the provider's policy and procedure to record and respond to an accident that had occurred; there was limited evidence of learning or action taken following this incident to prevent a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to identify and respond to any safeguarding concerns.
- The provider had a safeguarding policy, and systems in place to ensure concerns were reported to management including out of normal office hours.

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 this inspection this key question was rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were at risk of receiving unsafe care, because the provider had not made sure staff had completed appropriate training.
- The provider did not have a training plan and staff had received limited training. For example, they had not had first aid training despite working alone and with people who had complex health needs; other staff supported with moving and handling despite not having received formal training with this.
- The provider used shadowing to help make sure staff had the knowledge and skills to meet people's needs, but records did not show what had been covered during induction and shadowing or how the provider had made sure new staff were safe to work alone.
- A more robust induction, training and system of competency checks was needed to make sure staff were suitably trained.

The failure to follow a robust training plan and adequately make sure staff were suitably trained showed the provider had not done all they reasonably should to reduce risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had started making plans to deliver a number of training courses to address our concerns; they planned to introduce a system to record the induction and evidence staff's competency had been checked.
- Staff felt supported by management; supervisions provided an opportunity for staff to discuss their wellbeing and any practice issues.

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

- People gave positive feedback about the effective support they received; they told us, "The staff are absolutely marvellous. They are caring and are aware of what support you want and how you want it to be provided."
- Staff worked closely with people and their families to make sure the support staff provided met their needs.
- Holistic assessments of people's needs had not always been completed before they started using the service; care plans and risk assessments did not provide clear enough guidance about how all of people's needs should be met.

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

- People praised the timely care and support they received if they were unwell or needed medical attention.

A person explained, "The staff are very observant if you get a mark or redness on your skin, they soon pick it up and deal with it."

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 MCA 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. We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care; staff gained people's consent before supporting them.
- The provider had a policy and procedure to support them to assess people's mental capacity and to make and record best interest decisions if needed, but consent to care was not always clearly recorded.
- We spoke with the provider about documenting people's consent where photographs were shared on social media.

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

- People's care plans did not include enough information about the support they required with meals and drinks, and any associated risks.
- People were supported to make sure they had enough to eat and drink; a person said, "They give me breakfast in the morning, and if I need a cup of tea, they make it."
- Staff encouraged people to eat regularly and left drinks in accessible places to help make sure they had enough to drink.

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 this inspection this key question was 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

- People were supported by kind and caring staff. A person explained, "The staff are caring, I can say that without reservation, you can tell by their attitude. You have to rely on them, and I know I can."
- People valued staff's company and shared positive caring relationships with them; a person told us, "We have a laugh and a joke, they are very friendly and very caring I call them my angels." A relative said, "The care is outstanding. They always come through the door with a smile on their face."
- People were supported by staff who they knew and liked; the provider employed a small team of caring staff who showed an interest in people and made an effort to get to know them.
- Staff treated people as individuals and recognised their varied and diverse needs.

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

- People were supported to make decisions and to have choice and control over how they were supported; staff encouraged people to tell them what support they wanted and how it should be provided.
- Staff listened to people and followed their instruction, a person explained, "They always ask me what I need, they don't take over."

Respecting and promoting people's privacy, dignity and independence

- People received dignified care and support, which maintained their privacy; a person explained, "I never feel embarrassed with the staff, they are thoughtful and careful. They always make sure they have got my agreement before they do anything personal."
- Staff spoke with people in a respectful way, a relative told us, "They talk to [Name] as if they are a human being. The carers are very good, they are nice people and interested in [Name]."
- People benefited from patient and attentive support, which helped maintain their independence. A person explained, "They are very careful, friendly and helpful. I can't find a fault with them they are very, very good."
- Staff encouraged people to re-gain and maintain their independence; they had received a recent compliment from a social care professional praising the support they provided to help a person regain their independence.

Is the service responsive?

Our findings

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

At this inspection this key question was rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People's care plans did not show how their preferences and choices for care and support at the end of their life had been explored.
- Staff had not completed training in end of life care, but had received a compliment praising their professionalism and caring attitude when supporting a person approaching the end of their life.

We recommend the provider reviews and implements good practice guidance in relation to end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff to meet their needs; staff knew people well and provided person-centred care. A person explained, "They know the things that are important to me and listen to the little things about where things are and what I like."
- People were involved in making decisions about their care and support to make sure it met their needs; staff were flexible in their approach and responded to people's requests. A person explained, "They are all very good and do everything I ask them to."
- Staff shadowed other workers to learn how best to meet people's needs. A person explained, "If anyone new is coming, they shadow for a couple of days to learn what to do. Nobody comes through the door who hasn't been shown what to do."
- Care plans contained some person-centred information about the care and support people needed, but more holistic and detailed information was needed to guide staff on how to meet people's needs if they were unsure.

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.

- Staff understood people's communication needs and how best to share information in a way they would understand.

Improving care quality in response to complaints or concerns

- People consistently told us they felt comfortable speaking with staff or management if they were unhappy or needed to complain.

- People had information about how to complain should they need to; the provider had a complaints procedure, and the registered manager had responded to a complaint to improve the service showing they were open and responsive to feedback.

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 this inspection this key question was 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

- People were at risk of receiving inconsistent or unsafe care; the provider had not followed a safe recruitment process.
- Staff had received limited training; the provider did not have a training or workforce development plan to outline what training was needed to keep staff and people who used the service safe.
- Clear and complete records were not always in place regarding people's needs, risks, and the support required to keep them safe.
- Management did not always have a clear understanding of the regulatory requirements or good practice guidance; whilst they were committed to providing person-centred care in a safe way, these shortfalls put people at increased risk of harm.

The failure to adequately assess, monitor and minimise risks, and to keep detailed records about risks and how these should be managed was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management were open and responsive to feedback; they were committed to developing the service in response to our findings to ensure people were safe and received good quality care.

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

- Despite these issues, people gave consistently very positive feedback about the care person-centred care and support they received.
- People praised the kind and caring staff and the quality of the care they received. One person explained, "They are willing to do anything you ask, your comfort is their aim. They always make sure I am comfortable, or they wouldn't be happy."
- The provider listened and responded to people's requests; they were flexible in their approach to supporting and meeting people's needs.

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 provider understood their responsibility to apologise to people and give feedback if things went wrong.

- We gave advice and guidance around the requirement to submit statutory notifications.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives knew the managers and felt they were approachable if they ever needed anything or wanted to change how they were supported.
- Surveys provided an opportunity for people and their relatives to give feedback; the provider used these as an opportunity to listen and learn from people's experience of using the service.
- Reviews and wellbeing checks provided further opportunities to monitor people's satisfaction with the service and to make changes if needed.
- Staff felt management were approachable and responsive to feedback; supervisions provided an opportunity to discuss the service provided.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks. This included ensuring people providing care have the competence and skills to do so safely; and assessing the risk of spreading infections. Regulation 12(2)(b)(c)(h).</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated systems and processes to assess, monitor and mitigate risks to the health, safety and welfare of service users. They had not maintained complete and contemporaneous records. Regulation 17(2)(b)(c).</p> |