

Good Companions (Cumbria) Limited

The Good Companions (Cumbria) Limited

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This inspection took place on the 8 and 12 January 2016 and was unannounced. This service was last inspected in May 2013.

The Good Companions (Cumbria) Limited provides personal care to 39 older people some of whom may have complex needs. It is situated in the town of Silloth overlooking the Solway Firth.

Accommodation is provided in single rooms all but one have en-suite facilities. There is a passenger lift and stair lifts giving access to the upper floors. There are three lounges and a dining room allowing freedom of movement about the home. There is a garden area for residents to use and car parking facilities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff knew how to identify abuse and protect people from it.

The service had carried out risk assessments to ensure that they protected people from harm.

Medicines were ordered, stored, administered and disposed of correctly.

The registered manager had recently reviewed and revamped the training at the home.

People enjoyed the food provided and were supported to take a good diet that was based on an assessment of their nutritional needs.

Staff had developed caring relationships with people who used the service.

Support plans were based on thorough assessments and were written using a person centred approach.

The registered manager provided good leadership. The provider had systems in place to ensure the delivery of good quality care.

On the day of our inspection the service had sufficient staff to meet people's needs. However we recommended that the service reviewed its deployment of staffing to ensure that people were appropriately supported at night.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

We recommended that the service review how it deployed staff across a 24 hour period.

Staff were aware of how to recognise and report concerns about vulnerable people.

Staff were recruited appropriately and relevant checks on their background were carried out.

Is the service effective?

Good 

The service was effective.

Staff had received sufficient training in health and social care.

People received appropriate nutritional support.

The provider and the registered manager were in the process of planning refurbishment of the home.

Is the service caring?

Good 

The service was caring.

We observed staff interacting with people in a kind and caring manner.

We observed that staff treated people with dignity and respect.

People were not discriminated against.

Is the service responsive?

Good 

The service was responsive.

Care plans were based on comprehensive assessments.

The service had gathered information about people's background and their personal histories.

People were able to raise issues with the service through discussing their concern with a member of the management or formally via a complaints process.

Is the service well-led?

Good ●

- The service was well-led.
- The registered manager and the provider spent time with people who used the service and their staff to ensure that the service provided was of a satisfactory standard.
- The registered manager was supported by the provider.
- There was a quality assurance system in use.

The Good Companions (Cumbria) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 and 12 January 2016 and was unannounced.

The inspection was conducted by the lead adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with eight staff including the registered manager, the provider, care staff and kitchen staff.

We spoke with 12 people who used the service both individually and in groups.

We looked at five written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who used the service told us they felt safe, one person stated, "You haven't anything to worry about here."

We spoke with the registered manager and asked how she ensured that there were sufficient staff to meet people's needs. The registered manager explained that the number of staff was based on the identified needs of the people who used the service. She showed us an audit tool she used to identify people's dependency levels. We saw that she used this tool on a monthly basis to check staffing levels were appropriate. We looked at the needs of people and saw that the service had a small number of people who required additional support when mobilising. Staff we spoke with confirmed this. During our inspection we observed that staff met people's needs in a timely, efficient manner. We also noted that communal areas generally had a staff member present to ensure that people were safe. We looked at the duty rota and saw that during the day there were significantly more staff available than at night. The registered manager told us that she was able to increase staffing levels at night if required but agreed that a more consistent approach may be required.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service were at risk of developing pressure ulcers, also known as bed sores. Support plans had been put in place to ensure that people's skin condition was regularly monitored to ensure they received the correct treatment in a timely manner.

We reviewed recruitment procedures in the service. The registered manager explained that they advertised in the press or by word of mouth when there were job vacancies in the service. All potential candidates were interviewed with both the registered manager and on occasion people who used the service present. If they were successful criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record.

While reviewing staff employment records we noted that the registered manager acted quickly and appropriately to issues relating to discipline.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record

charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We recommended that the provider review its deployment of staff to ensure they were satisfied there was sufficient staff at night to keep people safe.

Is the service effective?

Our findings

We asked people if they thought staff were well trained and experienced enough to meet their needs. One person said, "Yes they do."

We looked at training records for the staff and saw that they had received training in various aspects of health and social care including moving and handling, medication and dementia care. The registered manager was able to demonstrate that all staff were assessed following training and if they did not achieve a satisfactory standard training was repeated. We noted staff were completing the care certificate which is a vocational qualification relating to the care industry.

We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received supervision on a regular basis. This included the registered manager spending time observing the staff while they worked. Staff we spoke with confirmed this. We looked at appraisal records for the service and saw that they were about to be repeated for the year.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the manager had appropriately applied for a DoLS for people who used the service.

We asked people what they thought about the food provided in the home, one person said, "The food is good, we are having ham and chips today, I'm not feeling so good but I'm going to have some!"

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dietitians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. People's weight was

monitored on a regular basis, this helped staff to ensure that they were not at risk of malnutrition.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. This included GPs and other associated healthcare professionals. This supported people to maintain good health.

We looked at the environment within the home. Although the home was clean some areas required refurbishment. However when we spoke with the registered manager and the provider they were able to provide evidence that they were planning renovation work. We will continue to monitor this.

Is the service caring?

Our findings

We asked people if they felt well cared for at The Good Companions (Cumbria) Limited. People told us that the staff were caring and looked after them. One person said, "They have been very good with me." Another commented, "They [the staff] are lovely."

We observed staff caring for people in a relaxed, warm and friendly manner. Staff took time to speak with people who used the service. On occasion we saw that non care staff who worked in the home such as the administrator and kitchen staff took time to sit with people and chat. Staff told us that the handyman often took people outside to help in the garden and feed the fish.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. We observed on several occasions people approaching the manager and staff and expressing their needs and wishes.

Both people who used the service and their relatives were able to attend meet with the manager if they wished to express their views in a slightly more formal manner.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure they were as comfortable as possible. The service had also made provision for relatives to stay overnight in the home if they chose to do so.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been purchased.

The standard of care plans was good and they were written in a clear and concise manner. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people's likes and dislikes were used to formulate care plans relating to people's daily routine and their nutrition.

In addition to this we found other examples of good person centred care. One person enjoyed watching 'springwatch' a nature programme on television. Due to the interest this generated the service purchased and installed a bird box with a video camera in. They connected this to the homes television and were able to provide a channel that showed the interior of the nesting box 'live'. During the previous spring birds had nested in the box and people were able to enjoy watching their progress.

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews.

We looked at the daily routine of people who lived in the home. We saw that there were a variety of activities provided by a dedicated activity co-ordinator. In addition during the warmer months people accessed the homes garden and took trips out in the services minibus.

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or staff informally if they had concerns.

In addition to this the service had a formal complaints policy and procedure which was provided to people who used the service. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged. There were no outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well led. People told us the registered manager was 'Very good' and spent time with people.

We spoke with staff and asked them if they thought they were well led. Staff told us they felt well supported by the registered manager, her deputy and the provider.

During our inspection the registered manager demonstrated that they had a clear idea of how they wanted the service to develop. They were keen to access a wide range of training for their staff in addition to the mandatory training provided. They were also developing the environment and considering new models of care.

There was a clear management structure in place. The registered manager reported directly to the provider who visited the home regularly and was in contact frequently. The registered manager had a deputy in place who was able to take over the day to day running of the home when required.

We spoke with the provider, it was clear that he was fully aware of all aspects of the service and was keen to develop the home with the aim of being rated as 'outstanding' in the future. We noted that many of the people who used the service were familiar with him and seemed to know him well. We asked about this and were told whenever he came to the home he spoke with all of the people who used the service prior to meeting with the registered manager.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.

We looked at how the provider and the registered manager monitored the quality of the service provided at The Good Companions (Cumbria) Limited. We saw that the registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service.