

## Good Companions (Cumbria) Limited

# Good Companions Care at Home Agency

## 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



### Overall summary

This inspection took place on the 18th, 19th and 20th of May and was unannounced.

Good Companions Care at Home Agency provides care and support for people who live in their own homes. Their office is located in Carlisle and they provide services in and around the city.

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.

We found that the service was not reporting concerns about vulnerable adults correctly though they were

# Summary of findings

ensuring people were safe. This meant they were in breach of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 Notification of Other Incidents 18 (2) (e).

The service had sufficient appropriately recruited staff available to support people.

Staff were well trained and supported people to live independently.

People told us that staff were caring and treated them with dignity and respect.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The manager showed that they were keen to improve and implement new ideas. There was a quality assurance system in place at the service.

# Summary of findings

## 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 safe.

Though staff were aware of how to recognise and report concerns about vulnerable people the registered manager had not followed the correct procedures when reporting safeguarding issues.

There were sufficient staff to provide support to people.

Appropriate risk assessments were carried out.

Requires improvement



### Is the service effective?

The service was effective.

Staff records showed that they had adequate training and were able to access educational courses with the support of their manager.

People were able to make their own decisions about their care and support.

People received adequate support with nutrition where necessary.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

Good



### Is the service responsive?

The service was responsive.

Care plans were based on robust assessments

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Good



### Is the service well-led?

The service was well led.

The manager had clear ideas about the future of the service particularly around staff development.

Staff told us they felt supported by their manager.

There was a quality assurance system in use.

Good



# Good Companions Care at Home Agency

## 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 18th, 19th and 20th May 2015 and was unannounced.

The lead adult social care inspector was accompanied by an adult social care inspector.

Before the visit we 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 people who used the service and two of their relatives. We also spoke with 6 staff including the manager, senior carers, and carers.

We looked at 10 records of written care and other policies and records that related to the service. We looked at six staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

# Is the service safe?

## Our findings

We spoke with people who used the service and asked them if they felt safe when receiving a service from Good Companions care at Home Agency. One person said, “I don’t have a problem, everything is okay.” Another person commented, “I’ve never had an issue.”

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at records we held on the service and saw that the provider did not regularly report safeguarding issues to the CQC. When we looked at written records in the service we saw that there had been some recent incidents that should have been notified to the CQC and this was addressed with the manager. She explained that when she had concerns she contacted people’s social workers directly. The written records confirmed this and demonstrated how people had been kept safe. However the manager had not informed the local safeguarding authority or the CQC. This constituted a breach of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 Notification of Other Incidents 18 (2) (e).

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview. If they were successful criminal records checks were carried out and references sought. The written records we saw confirmed this. However we did note that a

minority of employees did have disclosure and barring checks that indicated that they had been convicted of minor offences. We recommended that the manager provide a rationale within staff records as to why people were employed when checks revealed that they had a criminal history.

We spoke with people who used the service and asked if there were sufficient staff to support them and if they arrived at their homes on time. Every person we spoke with was satisfied with this aspect of the service. One person told us, “Always arrive on time, they’re very punctual.” Another commented, “The same staff come, they know the routine.” A relative said, “They’ve really improved over the last six months.”

We looked at the way visits to people’s homes were planned. We saw that the service, wherever possible, ensured that the same staff went to the same people. We did note that according to the timings that were documented staff sometimes left people’s home early in order to arrive at the next person on time. We discussed this with the manager and they agreed that this required development. We shared this information with the local authority that contracted with this service.

We looked at the medication records for the service. We saw that there were systems in place to ensure that medicines were managed safely. However we saw that staff were sometimes signing medication administration charts to say that they had given people their medicines whereas in actual fact they had only prompted people to do so. The manager agreed to discuss the difference between administration and prompting with staff and ensure that records accurately reflected what they had done.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example if people were unable to answer their door because of mobility problems staff were given controlled access.

# Is the service effective?

## Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person commented, “They know what they are doing.” Another said, “Yes! They help me get dressed.”

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by their manager. One said, “Yes I’m up to date with my training.” Another stated, “If I need anything I talk to my manager.” Staff also mentioned that the service was flexible around its training arrangements, “My manager is actually putting me on more courses, any course I want to go on they put me on.”

We looked at training records for the staff and saw that they had received basic social care training. This included safeguarding vulnerable adults, moving and handling and infection control. The service had also signed up to externally monitored training which when completed resulted in a certificate in care for staff.

New employees completed a comprehensive induction which included learning from experienced staff. All new employees completed a three month probationary period. If they did not achieve a satisfactory standard of competence in this time the probationary period was extended or their employment terminated.

We looked at supervision and appraisal records for staff. We saw that these supervisions and appraisals were up to

date. Some supervision records were more detailed than others however we noted that the manager used these one to one meetings to challenge and improve staff performance.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible in their own homes and were keen to remain there with the support of the service. We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff 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 service did provide support to some people who lacked capacity to make all of their own decisions. Where this was the case we saw that the service had worked closely with people, their relatives and other professionals to ensure that people were cared for appropriately.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that the service operated from 7am to 11pm. This was to ensure that people who required support with their meals were provided with it throughout the day. Support varied from cooking people’s meals to leaving food within easy reach. Not everybody who used the service required this support. Information about people’s nutritional intake was documented by staff daily.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people’s care.

# Is the service caring?

## Our findings

We spoke with people who used the service and their relatives and asked them if they thought the service provided good care. One person told us, “Yes, they’re lovely.” Another added, “They’re very nice, lovely girls, I really appreciate them.” A relative commented, “They’re caring.”

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke with assured us that the service provided professional staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this.

The service ensured that people lived as independently as possible. This was because the service was designed to ensure that people lived safely and independently in their own homes.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. The majority of people who used the service had capacity to make their own decisions. The people we spoke with did not feel that their right to make their own decision’s had been compromised by the service.

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

Due to the nature of the service provided staff often had to access people’s property with a key. This was because some people had mobility problems and had agreed for staff to have access to their homes so they were able to be supported. There were written plans in place to ensure that staff alerted people to their presence once entering the home. Staff we spoke with knew that maintaining people’s privacy and dignity was important. People we spoke with told us that staff were always respectful of them.

There were policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. This meant that the service ensured that people were not discriminated against.

We saw that on occasions staff contributed towards the care of people at the end of their lives. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with district nurses

# Is the service responsive?

## Our findings

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about the Good companions Care at Home Agency. One person told us, "I'd ring the manager, she's been on one of the calls so I've met her before." Another said, "I'd contact them but I've never had an issue."

A relative we spoke with told us that there had been some problems last year with the service being late for a call. They told us that since they contacted the manager things were "Much improved." This meant the service listened to and acted upon feedback from the people who used the service.

In addition to this the service had a formal complaints policy and procedure. 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. We noted that the service had no outstanding formal complaints at the time of our inspection.

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 people were assessed as to whether they needed support to mobilise. If they did a moving and handling assessment was carried out to identify precisely the support required.

Assessments were then used to formulate care plans. For example one person we looked at had psychological issues that meant that they became distressed and anxious easily. The care plan provided step by step instructions on how to support that person to feel calm and relaxed.

We looked at the standard of care plans in the service. We found that they were clear and straightforward. Staff had written daily notes that corresponded with people's plans of care. For example if the care plan stated that people's food intake should be monitored the staff would comment on this in the notes.

Where appropriate we saw that some people who used the service had activity schedules. This helped staff to provide people with a structured and meaningful day so they could continue being part of the community.

People who used the service had access to their care plans as a copy was kept in their homes. 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.



# Is the service well-led?

## Our findings

The manager of this service had been in position for 6 months. We found evidence to indicate that she had improved practice within the service. For example screening of potential employees in the recruitment process was more robust than it had been previously. The manager had clear ideas about how the service should be operated. She was particularly keen to improve the quality of staff training and had implemented the care certificate training for her staff. Throughout the inspection the manager conducted herself in a professional manner and acknowledged there were areas in the service that required further development.

When we spoke with people who used the service it was clear they were aware of who the manager was with some stating that they had met her. People told us that they felt comfortable speaking with her.

We spoke with staff who were complimentary of her management style and told us that they liked working for the service.

There was a clear management structure in place. The manager had three senior carers that assisted in planning care and managing staff. The manager reported directly to the provider.

We saw evidence that questionnaires were sent to people who used the service and their relatives. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were compiled by the service administrator and the findings presented to the manager for analysis. The manager also provided evidence that a similar survey was being sent to staff. This meant that the manager was promoting an open culture that was inclusive of people who used the service and staff.

Audits and checks were undertaken regularly. These included paperwork audits, training audit and accompanying staff on calls to check they were performing satisfactorily. The outcomes of audits were analysed by the manager of the home who then sent a report to the provider. The provider and the manager were in regular contact. We looked at the information that the provider requested and saw that it was largely financially based. We asked the manager to ensure that information relating to quality assurance was escalated to the provider in the future.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met: People who used services and others were not protected against the risks associated with the safeguarding of vulnerable people because the service was not following the correct procedures for reporting concerns.</p>

This section is primarily information for the provider

## Enforcement actions

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