

Good Companions (Cumbria) Limited

The Good Companions (Cumbria) Limited

Inspection report

Criffel Street
Silloth
Wigton
Cumbria
CA7 4BT

Tel: 01697331553
Website: www.gchc.co.uk

Date of inspection visit:
25 November 2021
03 December 2021

Date of publication:
25 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Good Companions (Cumbria) Ltd is a residential care home providing personal care for up to 40 older people, including people living with dementia. There were 26 people living there at the time of this inspection.

The care home is a large adapted building. The accommodation is over three floors. People living with a dementia- related condition were accommodated on a lower ground floor unit with access to a sheltered, secure courtyard.

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

The provider's quality assurance systems were not fully effective and did not always identify gaps in records and checks. Risk assessments were not always in place to show staff how to manage potential risks to people's well-being. There had been no organisational oversight of incidents.

Medicines were not always managed in line with good practice. We have made a recommendation about this.

There were enough staff to supervise people, although the rota needed to be prepared far longer in advance to make sure there was the right skill mix of staff on duty.

The home was clean and comfortable. The provider had sufficient equipment and screening to reduce the spread of COVID-19. Infection control practices had improved recently with guidance from an infection prevention and control nurse.

Relatives praised the "jolly" atmosphere in the home and described staff as caring and kind. The home had a welcoming and friendly culture. Staff were engaging with people.

The provider and management team were open and approachable. Relatives said staff had kept them well-informed throughout the pandemic and recent outbreak.

The home had good working relationships with local health and social care agencies to support the needs and well-being of the people who live there.

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 8 May 2018).

Why we inspected

We received concerns about infection control during a recent outbreak of COVID-19 and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 breaches in relation to safe care and quality assurance 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Good Companions (Cumbria) 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of services in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an 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

The Good Companions (Cumbria) Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager had applied to be registered with the Care Quality Commission. This means the manager and the provider would 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, care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spent time with people during a meal and contacted 10 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff including the provider, management team, care staff and maintenance staff. We also contacted 15 staff by email for their views

We reviewed a range of records. This included four 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 continued to seek clarification from the provider to validate evidence found.

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 is now 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's risk assessments were not sufficiently detailed to understand what impact the risk could have, what the measures were for reducing the risk, and what actions staff should take if the risk occurred. For example, staff carried out regular observations of some people but there was no indication of why they needed checking, how it reduced the risk and what staff should do if the risky behaviour was observed.
- New risks were not always assessed or recorded. For example, one person had lost significant weight in the past few months but there was no risk assessment to show what actions were being taken to support their weight gain, such as fortified foods.
- Risk assessments and care plans were viewed every month but there was no record of whether people's needs had changed in that time. The lack of recorded evaluations of risk assessments and care plans meant it was not possible to check people's progress or deterioration in well-being.
- Safety checks of the premises were carried out but did not include sufficient checks of hot water temperatures. Some fire doors had been identified as requiring replacement for some time but these had not been addressed. The method of opening sash-type windows in some ground floor rooms is a potential safety risk for residents and staff.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;

Learning lessons when things go wrong

- The provider had a system for managing potential safeguarding events but this had not always been followed. The home had a safeguarding log but this had not been completed since February 2020.
- There had been a couple of occasions over the past year where incidents had not been reported to the safeguarding authority. This was contrary to local safeguarding adult procedures.
- There had been no analysis of accidents or incidents, for example of falls. There had been no checks of any themes or of any actions needed. The lack of organisational oversight of incidents meant there were no strategies put in place to reduce the potential for recurring risks.

We found no evidence that people had been harmed. However, the failure to effectively monitor the safety of the service contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People appeared comfortable in the presence of staff. Relatives said they felt their family member was "safe and comfortable" at the home. Their comments included, "I am sure they are safe there, far safer than they would be at home" and "I think they are very safe there. My family member was in earlier in the year for respite and we chose for them to go back there as we were very happy with it."

Using medicines safely

- Overall, medicines were managed in a safe way. Staff who administered medicines were trained in medicines management and had periodic competency checks. The home used an electronic recording system to ensure medicines were given as prescribed.
- There were protocols for 'as required' medicines, but these were not sufficiently detailed to make sure all staff administered these in a consistent way. There were no body maps used to guide staff in where to apply prescribed creams.
- The ambient temperature of medicines storage areas and medicines fridge were not checked or recorded to make sure they were at a safe temperature (although all areas were cool at this time).

We recommend the provider considers current best guidance on medicines management and updates their practice accordingly.

Staffing and recruitment

- At the inspection there were sufficient staff to supervise people, but staff felt there were periods where more physical assistance was needed, such as mealtimes.
- Relatives felt the home would benefit from more staff but were satisfied with the service. Their comments included, "I think they struggle for staff but it doesn't seem to reflect in [person's] care, everything is done for them" and "It all seems very happy but they are so busy."
- Overall, the provider had systems for the safe recruitment of staff. However, there was no information about applicant's physical and mental health conditions, relevant to the role staff carried out.

Preventing and controlling infection

- The provider had infection prevention and control procedures in place. Following a recent COVID-19 outbreak, the home had received guidance from a health protection nurse. The home's practices and screening had improved following their input.
- Staff followed safe infection control procedures. Staff had access to PPE to help prevent the spread of infection. The home's testing and screening systems reduced the risk of transmission from visitors.
- During the inspection a deep clean was taking place of the premises. Relatives told us, "The home is very clean and tidy" and "They've got all the protective gear and we do all the tests when we can go."

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 is now requires improvement. This meant the service was not consistently managed and well-led.

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

- The management of the home had changed over the past few months and there had been periods where there was inconsistent or lack of management oversight. At this time there was a new manager who had applied to be registered with the commission. They were being temporarily supported by a management team of retired managers.
- The provider's governance systems of the service were not fully effective. There were gaps in some safety audits and in the administration of records. Where audits did identify required actions, these were not always addressed in a timely way. For example, for over a year premises checks had identified fire doors were required but these still had not been fitted. The provider stated these had now been ordered.
- Routine maintenance checks did not always follow health and safety guidance. For example, water temperature checks were only carried out on a small sample of water outlets used by people. This meant it was not possible to make sure hot water was issued at a safe temperature in people's bedrooms.
- The provider's audits had not identified the shortfalls we found during this inspection, including medicines matters and safeguarding reports.
- Some current records referred to historic regulation, for example, application forms, indicating these had not been reviewed by the provider for several years.

We found no evidence that people had been harmed. However, systems that the provider had in place to monitor quality of the service were not always robust enough make sure the service was effectively managed. This could place people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Overall, relatives felt the communication with the home about their family member was good. Some relatives were not aware there was a new manager. Other were but didn't know their name.
- Some staff said they were unsure of the current management hierarchy and were unclear about who to report to or whose guidance to follow. Although they had meetings with the new manager, they said they sometimes received contradictory guidance from the management team.

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

- The provider's vision and values aimed to offer a positive experience for the people who lived at the home.

The provider and staff team promoted a friendly, welcoming culture.

- Relatives described the home as "jolly" and one commented, "The girls laugh and talk and are so kind and happy." A relative told us, "[Family member] seems very happy and the staff seem very good at finding out what they liked."
- Most staff felt they worked well as a team for the well-being of residents. They told us, "There is a caring culture in the home" and "All staff are caring and compassionate. I love working there and couldn't imagine or want to work anywhere else."

Continuous learning and improving care; 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 responsibilities under duty of candour. They were open and candid and aimed to use feedback about incidents as learning points for the service.

Working in partnership with others

- The service had good working relationships with local health care agencies.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risk management strategies were in place to manage potential risks to people's safety. Regulation 12(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and mitigate the risks relating to the safety and welfare of people who used the service were not followed and there had been inconsistent governance applied to the management of the service. Regulation 17(2)(a)(b)(f)