

Carers and Companions 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 

Overall summary

Carers and Companions provides personal care to people living in their own homes in the Ilkley, Burley-in-Wharfedale and Menston areas of West Yorkshire. At the time of the inspection, the service was delivering personal care to 34 people. The service also provides companionship services and assistance with cleaning and shopping to a number of other people however this does not fall under the regulated activity of personal care and regulatory remit of the Commission.

This was an announced inspection which took between 13 and 20 November 2015.

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'.

Summary of findings

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.' A registered manager was in place.

All the people we spoke with told us the service provided good quality care. They all told us they were highly satisfied with the service and had no concerns over any aspect of the service. People told us the service was reliable and they had not experienced any missed or unreasonably late calls.

People told us they felt safe and appropriate systems were in place to identify and manage risks to people's health and safety.

Medicines were safely managed. Risk assessments were in place which detailed the support people required. Medication records we viewed demonstrated staff provided the agreed level of support.

The service operated safe recruitment procedures to ensure staff were of suitable character to work with vulnerable people.

There were sufficient staff deployed by the service to ensure staff were able to visit people at the correct times and provide the agreed level of support.

Care was provided by an experienced staff team. There was a low staff turnover for example 16 out of 22 of the staff had worked at the provider for over 7 years meaning they had developed strong relationships with people. People said care was provided by familiar staff that understand their individual needs.

A range of training was provided to staff. Training was created by the service to ensure it was tailored to staff's individual needs and was delivered in a creative and interactive way. Staff praised how interesting and varied training sessions were.

People told us they were supported appropriately with food and drink. Where people were at risk of malnutrition, we saw people's food input was monitored and the service liaised closely with external health professionals.

The service was acting within the legal framework of the Mental Capacity Act (MCA). People told us they were supported appropriately to make choices about their care and support.

People all told us staff were kind and caring and treated them well. They said care was delivered by familiar staff who they had been able to develop good relationships with.

People were supported to express their views about care and support through regular contact with the management who also delivered care and periodic reviews. People said the service listened to them and made changes to its service provision where necessary.

People's needs were assessed and appropriate plans of care put in place. Everyone we spoke with said staff provided the required care and support and it was done to a high standard.

People and staff both spoke positively about the way the service was managed. They all said they felt they could raise any concerns with the management and they would be dealt with swiftly and professionally.

A range of audits and checks were undertaken by management both informally and formally to ensure the quality of the service was continuously monitored. Where shortfalls were identified such as with staff training and practice, clear and effective plans were put in place to drive improvement.

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 safe.

People told us they felt safe and comfortable in the presence of staff. Systems were in place to identify and manage risks to people's health and safety.

We found there were sufficient numbers of staff deployed to ensure a punctual and reliable service.

Medicines were safely managed and clear records were kept of the support people were given.

Good



Is the service effective?

The service was effective.

People told us staff had the required skills and knowledge to care for them. Care was delivered by a highly experienced staff team many of which had worked at the provider for a number of years. This meant staff were able to develop an in depth knowledge of people's individual needs.

People told us the service provided appropriate assistance at mealtimes. We saw nutritional risks to people were well managed.

The service had developed good relationships with local health professionals to help ensure people's healthcare needs were met.

Good



Is the service caring?

The service was caring.

Everyone we spoke with told us staff were kind and treated them with dignity and respect. People told us care was delivered by familiar staff who knew them well.

Systems were in place to allow people to express their views in relation to their care and support.

Good



Is the service responsive?

The service was responsive.

Care records demonstrated people's needs were assessed and clear support plans put in place to assist staff deliver appropriate care. People all told us the service met their individual care and support needs.

A system was in place to effectively log and respond to any complaints or concerns.

Good



Is the service well-led?

The service was well led.

People and staff both spoke positively about the management team and said they were easy to contact and approachable. They said that they listened to them and addressed any issues raised.

Systems were in place to monitor the quality of the service. This included regular audits, care plan reviews and seeking people's feedback through satisfaction surveys.

Good



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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 was planned to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 13 and 20 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the

service. We spoke with 10 people who used the service, one relative, six care workers, the registered manager and another manager who worked for the service. We spoke with two health professionals who worked with the service to get their views on the quality of care provided. We looked at a number of people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete 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. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Is the service safe?

Our findings

People we spoke with all told us they felt safe when staff visited their home. They told us they felt comfortable in the company of staff and did not raise any concerns with us. People were reminded of how to report any safeguarding concerns via the service user guide and periodic newsletter which contained a section on safeguarding. Staff were able to clearly describe to us how they would identify and act on any suspected abuse. This gave us assurance the service would act promptly and correctly to protect people from harm.

We saw safeguarding concerns had been appropriately reported by the service to the local authority and Commission. We looked at the services safeguarding log which showed that following any concerns being raised, clear actions were put in place to protect people from harm.

Risk assessments were in place which provided assurance that risks to people's health and safety were identified and appropriately controlled. These covered areas such as moving and handling, medication, falls and the environment. Risk assessments provided clear advice to staff on how to keep people safe. We did find some risk assessments were originally written in 2011, and could do with rewriting due to the time elapsed since the initial assessment period.

People told us where two staff were required for moving and handling, two staff were always present. People told us they were always assisted with mobilising in a safe and competent way by staff. People and staff both told us there had not been any missed calls. This helped provide us with assurance that the service operated reliably and safely in ensuring consistent and safe care was provided.

Sufficient staff were employed to ensure the safe operation of the service. We found there was a low staff turnover with an established staff team many of whom had years of experience working for the service. People told us staff were suitably skilled and qualified to undertake their role safely. There was a low vacancy rate, the service was currently recruiting for one full time staff member to replace a member of staff who was leaving. Staff told us that there were enough staff to ensure rota's were not overly busy. We looked at rota's which showed a manageable sequence of visits was planned each day with

no undue strain placed on staff. People we spoke with said staff were able to arrive on time and stay for the right amount of time indicating these rota's were realistic and appropriately planned.

Safe recruitment procedures were in place. Candidates were required to complete an application form, and attend an interview. Interview questions had been well thought out and the manager told us they had worked with Skills for Care to develop appropriate questions to help ensure they appointed suitable staff. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included ensuring a Disclosure and Barring Service (DBS) check, identity checks and references were undertaken. Staff we spoke with confirmed these checks had taken place before they started work.

Contingency plans were in place to ensure the service was able to operate in the event of an emergency, for example during bad weather. A non-response policy was in place to help ensure action was taken if someone failed to answer their door. We saw an example this had been appropriately followed when care staff were unable to gain access to a property.

Staff told us that there was also someone available on call should they experience any difficulties outside office hours. They said the office were responsive and answered the phone promptly to help address any queries or concerns.

Medicines were managed safely. Staff had received detailed medication training which was highly interactive elements and was supported by a competency assessment. This helped to give them the skills and knowledge to manage medicines safely.

Medication risk assessments were in place which detailed the support each person required and information about the medicines they were taking including any possible side effects.

Where people received support with medications, Medication Administration Records (MAR) charts were in place which provided a clear record of the support people received with each individual medicine they took. The MAR charts we reviewed provided evidence that people received their medicines as prescribed and staff adhered to any specific instructions. However in some cases, we found the

Is the service safe?

number of tablets administered was not always recorded on the MAR. This was an occasional recording error and did not place people at risk. We raised this with a manager who agreed to make immediate changes.

Where people had refused medication we saw this was recorded and contact made with visiting health professionals to discuss the implications on their health.

Nobody using the service was receiving their medicines covertly.

Medication records were subject to regular review by management. Where errors such as gaps in recording or the wrong code was recorded, these were promptly identified by management and action was taken to address with the staff involved.

Incidents and accidents were appropriately recorded and investigated. People and staff we spoke with did not raise any safety concerns and we saw there was a low occurrence of incidents. We saw there had been one medication error in the last year. Appropriate action was taken to ensure the person was safe from harm and an investigated undertaken with recommendations put in place to reduce the likelihood of a re-occurrence.

Is the service effective?

Our findings

People we spoke with told us the standard of care provided was excellent and that at each care visit, staff completed all required tasks correctly and competently. People said care was delivered by regular staff who were familiar with their individual needs. Comments included; “they all know what I want,” “always the same staff, not much movement” and “they know to do all the little things that I like”.

Staff turnover was low and we found this meant staff were able to develop an in depth knowledge of the people they were caring for which helped ensure effective care. Records showed 16 out of 22 staff who delivered care had worked at the provider for over 7 years allowing strong and stable relationships between care staff and people who use the service.

People we spoke with told us staff were all highly knowledgeable about the care required and this allowed them to deliver effective care. Training was delivered face to face by a member of the management team who had achieved degree level qualifications in training and education. A range of training was provided periodically to staff based on identified training needs. We looked at training records which confirmed staff received regular training updates in a range of areas. For example we saw recently there had been a focus on the provision of health and safety, moving and handling, food hygiene and safeguarding.

We looked at the content of some training courses which showed they were very detailed, interactive, with the use of props and equipment to engage with the staff and ensure practical skills were developed. Courses reflected content which was key to providing effective care such as how to ensure good nutrition and hydration and making food look presentable and appetising. Competency checks and quizzes were used as part of training to confirm staff knowledge and reflective practice encouraged to help cement knowledge. Staff we spoke with spoke very highly about the training praising how the interactive elements of courses made them interesting.

New staff without previous care experience were required to complete the care certificate, read company policies and procedures and shadow experience staff. This helped to give new staff a broad knowledge to help ensure effective care was provided. The manager told us there was a focus

on teaching new staff about the vision and values of the service to ensure they provided a consistent high quality service. Care co-ordinators acted as mentors to new staff to provide them with appropriate support.

Staff we spoke with demonstrated an in depth knowledge of the subjects and people we asked them about indicating training was effective.

Staff were supported to maintain their skills and experience through regular supervision and appraisal. Three types of supervision took place, consisting of office based supervision discussing people’s developmental needs, short training courses bespoke to staff’s individual needs and then practice based supervision. Where concerns or shortfalls in skills were identified, training was provided as part of the supervision. For example, we saw one staff member had not been completing Medication Administration Records (MAR) correctly, so they were provided with additional medication training which involved practice sessions using a medication training kit. Staff told us supervision was effective and they felt well supported. We looked at staff records which confirmed these regular supervisions and checks on competency took place.

People told us they were given sufficient choice in terms of their care and support and it was delivered in line with their preferences and needs. Care records were signed by people or their relatives demonstrating they had given consent to care and support.

The service had effective systems in place to support people appropriately with nutrition and hydration. People we spoke with said staff provided them with the correct level of support at mealtimes. For example where people were at risk of poor nutrition, appropriate liaison took place with health professionals. We looked at two people’s care records who were at risk of poor nutrition. The service prepared food and drink for these people. As part of a risk reduction plan, the service recorded down all food, drink and nutritional supplements left for these people and at the next visit later in the day recorded what had been eaten by the people. This allowed this information to be reviewed by external health professionals. We looked at these food and fluid charts and saw they were well completed and informative.

We saw there were strong links with external health professionals such as the local doctors, district nurses and

Is the service effective?

dieticians with their advice recorded to help staff provide effective care. Records showed that when people's conditions changed, staff promptly contacted external health professionals. Staff had received a bespoke training course on the role of external health professionals and staff we spoke told us they were confident when and whom to contact should someone's needs change. We spoke with two health professionals who regularly liaised with the service. They said that they didn't have any concerns and that the service contacted them appropriately when necessary. One of health professionals told us "They are one of the better agencies, one I would recommend. They are flexible in accommodating people's needs and meet them well."

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA.

Is the service caring?

Our findings

All the people and relatives we spoke with said staff were kind, caring and compassionate. They all said staff and the service as a whole treated them with dignity and respect. Nobody raised any concerns over the attitude of staff. Comments included; “very friendly and helpful,” “like a second family I would recommend to others” and “friendly, professional, they know immediately what I want” and “very caring and willing.”

Care was delivered by a relatively small group of staff with care visits organised into the two geographic areas which the provider served. This meant that care visits were delivered by the same small group of carers. People told us this combined with the low turnover of staff meant they were cared for by familiar faces. People told us they had developed good relationships with the staff they cared for and the staff we spoke with confirmed this was the case.

The company’s visions and values focused on ensuring people were treated respectfully by staff. The service achieved this by ensuring staff were provided with training in this area and regularly checking staff practice through the supervision and spot check process.

Staff were provided with uniforms and ID badges to ensure people who used the service could be confident that they were letting the correctly authorised people into their houses.

There were various mechanisms in place to allow people to express their views and be involved in making decisions with regards to their care and support. This included regular care reviews and visits by the management team. Care records we viewed showed people and their relatives were regularly contacted to inform them of any relevant information such as planned changes to the service. Daily records of care delivery provided evidence that people were asked for their preferences during care visits, such as whether they wanted a bath and shower and what they wanted to eat. People told us staff respected their choices.

People’s preferences were recorded in their care records in relation to how they liked their care to be delivered and any special requirements. Care plans contained appropriate personalised detail to demonstrate they had been developed in close consultation with people. This helped to ensure their individual needs were met. Staff we spoke with were knowledgeable about the people they cared for and demonstrated to us they knew people’s individual preferences, likes and dislikes.

Care plans focused on helping to ensure people could maintain independence, for example as well as instructing staff what help was required, informed them of the tasks people liked to do for themselves. People we spoke with told us they were happy with the care provided and thought care workers got the balance between assisting and promoting independence correct.

Is the service responsive?

Our findings

People told us they received personalised care that met their needs. They said the service responded to any requests they had, for example if visit times needed to be changed or they needed to increase or decrease the level of care and support required.

Prior to commencement of the service, an assessment of needs was completed for each person. This was a thorough assessment of their needs to help ensure staff delivered appropriate care.

Care plans were then put in place and provided staff with clear instruction on the tasks they needed to complete at each visit. These contained appropriate detail to ensure staff provided personalised care. For example step by step instructions of what people could do for themselves and what they needed assistance with to promote their independence. This included the required support with moving and handling, food, nutrition and medication. People and staff told us care records were always present in each person's home for staff to refer to.

The manager told us care plans were being further developed to include a greater range of person centred information. We looked at a new care plan which had been developed to this new format, these included more detailed information about how to meet people's emotional, social and cultural needs. The manager told us they planned to update all care plans to the new format in the near future. This showed the service was able to proactively identify and respond where further improvements could be made to the service, in this case to care documentation.

Daily records of care were in place which provided evidence staff were meeting people's individual needs and delivering the right care at each visit. Everyone we spoke with told us that staff completed the required tasks, and stayed the

correct amount of time. People told us staff were punctual, albeit some minor variation from day to day. Staff confirmed this was the case and told us that unless they had to deal with an emergency situation, rota's allowed them to arrive on time and stay for the agreed time. Records we viewed showed that generally, staff arrived at each visit on time and stayed for the correct amount of time.

Periodic care reviews were undertaken and these were an opportunity for any changes in care to be identified and responded to. Any changes in people's needs were also identified by the regular discussion of people's needs through the staff supervision process.

People told us they knew how to complain but that at present, they didn't have any cause to. Complaints were brought to the attention of people who used the service through the service user guide present in their care records. A system was in place to record and respond to people's concerns and complaints. Four verbal complaints had been received within 2015 and we saw these had been appropriately investigated, responded to and action taken to prevent a re-occurrence. Only one person we spoke with told us they had complained in the past and they said it was effectively resolved by the provider. A significant number of compliments had been received about the service and these along with the results of a recent satisfaction survey and our own conversations with people lead us to conclude people were very satisfied with how the service was being delivered.

As well as providing personal care, the service also promoted companionship, activities and trips out to help meet people's social needs. For example walks in the countryside or trips to the pub. One relative told us "They will take him out if I needed them to, they provide a taking out service to meet social needs as well, it's good especially for those that have nobody."

Is the service well-led?

Our findings

People and relatives we spoke with all told us the service delivered either good or excellent care. They all told us they were completely satisfied with the service and could not think of any improvements that were needed.

People praised the way the service was run and said the management team were friendly, approachable and they had regular contact with them as on occasion, they also delivered care. People told us that contacting the office and management was easy and the phone was always answered.

Staff we spoke with all said they were happy in their role and they felt well supported by the management team. They told us they were confident that if they approached them with any concerns about the quality of care or support it would be promptly addressed.

Staff practice was improved, for example it was noted through observations of practice about moving and handling or medication and additional training was provided.

A system of quality assurance was in place to assess, monitor and improve the service. This included regular checks on staff quality and practice. Staff performance was monitored through regular competency checks and spot checks by the management team. These checks looked at a comprehensive range of areas. Where shortfalls were identified, for example around moving and handling techniques or medication administration additional training and support was provided. This helped to ensure a consistent and high quality service was provided.

Appropriate audits and checks were undertaken on care documentation. For example Medication Administration Records (MAR) were regularly audited by the manager. We saw evidence these audits picked up issues and addressed them with the staff involved.

People and their relatives were asked for their views on the service through a number of mechanisms. Annual satisfaction questionnaires were sent out and were an opportunity for the service to learn in which areas they

were doing well and where they needed to improve. The 2015 satisfaction survey had just been undertaken and we saw 25 surveys had been returned from people who used the service, although the service had not yet had time to analyse the results. We looked at the responses, which showed overwhelmingly positive comments about the service. For example one person had written; "Very good quality care. As a result of feeling involved in decision making, I retain my independence and self-respect in my eyes." The results of this survey were similar to our findings in that people experienced a very high level of satisfaction with the service.

People's views were also sought, through regular client reviews and their comments recorded.

In addition, the registered manager and another manager who worked for the service regularly delivered care and spoke with people who used the service about their views and experiences.

A periodic newsletter was sent to people who used the service, it promoted involvement in the service and how it was run and informed people about important topics such as safeguarding, nutrition and complaints.

A service user involvement policy was in place which aimed to promote involvement through meetings, events and activities. We spoke with the manager who told us although they had tried to arrange events and engage with people, there had not been much interest from people who used the service. They told us they would continue to think about how they could engage with people in creative ways.

The manager told us they were continuously looking at ways to improve the service. For example they were in the process of signing up to 'the social care commitment.' The commitment aims to increase raise workforce quality through ensuring staff work to a high quality standard.

Policies and procedures were reviewed on a regular basis, to ensure they reflected current best practice and agreed ways of working. For example we saw the supervision policy had amended to reflect the three types of supervision now in place for staff.