

AIK Care Limited

# Good Companions (Manchester)

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

We inspected Good Companions Manchester on 5 July 2017. This was an announced inspection, which meant we gave the provider 24 hours' notice of our visit. This was because the service is a small domiciliary care agency and we wanted to be certain there would be someone available to facilitate our inspection. The inspection team consisted of one adult social care inspector.

Good Companions (Manchester) is part of a franchise organisation, providing domiciliary care and support to people within their own homes. The administrative office is located in Whalley Range, Manchester. At the time of this inspection the service was supporting one person and was delivering 15.15 hours of personal care to this person each week. On this occasion we were unable to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was because the service was not fully operational and we did not have adequate information about the experiences of a sufficient number of people using the service to accurately award a rating for each of the five key questions and therefore could not provide an overall rating for the service.

This was the first inspection since the service was registered with the Care Quality Commission (CQC) in July 2016.

The service had a manager who had been registered with CQC since July 2016. 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 registered manager was not in office at the time of this inspection. The inspection process was facilitated by the nominated individual.

Recruitment processes were not sufficiently robust. Staff were being employed before all pre-employment checks were undertaken. This meant people were at risk of harm because staff recruitment may not be suitable for the role.

Risk assessments were carried out to ensure staff had guidance on how to support people safely. Information was not sufficiently detailed to help ensure staff knew exactly what to do to keep people safe from identified risks.

There were up to date policies and procedures in place to record and report safeguarding concerns and staff had received mandatory training in this area.

The service had a system in place to ensure staff attended visits on time but it did not ensure that staff stayed the allocated period of time. There was also service coverage provided during out of office hours so that the registered manager could be contacted in the event of an emergency. This meant the person supported could always make contact with the service should they need to do so.

There were sufficient and regular staff to provide the level of care needed at this point in time. The person was being supported by staff who was consistent and therefore knew their individual needs.

The service used the care certificate to induct staff who were new to care. Records showed that staff had shadowing experience prior to carrying out their duties unsupervised. This helped to ensure staff were competent to carry out their duties effectively.

There were no established training and staff supervision schedules. We saw no evidence that staff received training following on from induction. We were told following our site visit that further training in moving and handling was to be scheduled in July 2017. We concluded the registered provider needed to give us further assurances that staff were adequately supported to carry out their duties in a safe and effective manner.

Care records demonstrated that people had been involved in making a decision about the care provided. However we noted the one consent form within care records had not been signed.

Information about medical conditions and healthcare professionals involved in providing care were documented in the care record we looked at. This helped to ensure staff had all necessary information to provide proactive support with accessing additional services should the need arise.

The 'Caring' domain was not inspected at this time.

We saw that an initial assessment was carried out prior to the person commencing with the service. This assessment identified the specific needs of the person and helped to ensure the right resources were available to support the person in an effective and responsive manner.

Care plans had been recently reviewed and included information about the support required and the tasks to be done at each visit. We previously identified however that aspects of the care plans needed more detail to help ensure staff delivered person centred care.

There was a complaints policy in place. This document did not provide information about other agencies, such as the local authority, that could be approached should a complaint need to be escalated.

We were unable to speak with people and relatives at this inspection but from a feedback questionnaire we noted positive comments about the service had been made and that they would recommend the service to others. One area for improvement had been identified which was out of hours contact for emergencies.

We identified areas for improvement in record keeping, systems development and quality monitoring. These aspects of the service needed to be strengthened to help ensure the registered manager and provider had adequate oversight of the care provision. This would help to ensure people were kept safe from harm and received an effective and responsive service.

There were a set of policies and procedures to guide staff in their roles. These included infection control, whistleblowing and understanding diabetes. The nominated individual told us staff had access to these documents when they visited the office. Some of these policies referred to outdated CQC compliance standards. We made a recommendation the provider should ensure operational policies and procedures are reviewed and updated as appropriate to be fit for purpose and effectively support staff.

The nominated individual told us the franchisor/head office provided support with staffing training and quality assurance processes. This support had not yet been provided due to the small numbers currently

supported by the Manchester service.

We found three breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 relating to fit and proper persons, staff training and good governance systems. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inspected but not rated**

The service was not always safe.

Recruitment processes were not sufficiently robust.

Safeguarding policy and procedures were up to date and records indicated staff had received training in safeguarding adults.

Risk assessments did not contain sufficient details to help ensure staff knew what actions to take to keep people safe from risk of harm.

### Is the service effective?

**Inspected but not rated**

The service was not consistently effective.

There was no established schedule of training and supervision and no evidence that staff had undertaken any additional training subsequent to their induction.

People had been involved in the decision making process around care and support provided but consent to care had not been recorded.

Care records contained up to date information about other healthcare professionals involved. This should help staff to act proactively to ensure people's health and wellbeing were looked after.

### Is the service caring?

**Inspected but not rated**

This domain was not inspected.

### Is the service responsive?

**Inspected but not rated**

The service was not consistently responsive.

Initial assessments were carried out to help ensure the service could support the person according to their needs.

Care plans included information to guide staff to support people as needed. Not all aspects of the care plan were sufficiently

detailed to ensure person centred support was provided.

There was a complaints policy and procedure in place. This document did not contain information on how people could escalate a complaint to other agencies such as the local authority or ombudsman.

**Is the service well-led?**

The service was not consistently well led.

There was a registered manager in place to manage the operations of the service.

Monitoring systems and record keeping needed to be strengthened to help ensure the registered manager had adequate oversight that the care provided was of an acceptable standard.

Policies and procedures were in place to support staff in their caring role. We made a recommendation that the provider should ensure these were reviewed and updated as appropriate.

**Inspected but not rated**

# Good Companions (Manchester)

## **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 check 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 5 July 2017 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 available to facilitate the inspection.

The inspection was carried out by one inspector.

We did not receive any notifications from the service because no incidents had occurred that we should have been informed of. A notification is information about important events including safeguarding and serious injuries to people using the service, which the service is required to send us by law. We contacted Manchester local authority contracts and commissioning and safeguarding teams, Manchester clinical commissioning group (CCG) and Healthwatch Manchester to find out what information they held about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. None of these agencies had any information about this service.

During our site visit, we spoke with the nominated individual as the registered manager was out of office at the time. A nominated individual is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity. At the service's location we reviewed operational records including the statement of purpose, care records for one person being supported, recruitment records and policies and procedures. Following our site visit, we spoke with

the registered manager on the telephone and they forwarded various documents including training documents, staff records and a feedback questionnaire from the person supported.



# Is the service safe?

## Our findings

We checked to see that there were appropriate policies and procedures in place to help ensure care staff recruited were suitable for the role. We found various inconsistencies and poor practice in the recruitment process. We looked at the personnel files for two staff members currently employed with the service. Each file contained a completed application form, photographic identification and two references. We noted only one file contained interview records and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. However one of the care staff's DBS check had been requested when they had started. At the time of our visit, this check had not been returned. In exceptional circumstances, a provider may request an Adult First check while awaiting the full DBS check. This allows the person to shadow another employee whilst waiting for the full DBS check. Following our site visit on 5 July 2017, we asked the registered manager and the nominated individual to confirm if such a request had been made but this had not been done. This meant the appropriate pre-employment checks had not been carried out prior to their commencing work.

We saw one application form contained no employment history and that there was no explanation on their records to explain the gap. The nominated individual was able to explain the reason for this and acknowledged this information should have been recorded.

We saw that references provided were not always suitable, for example, provided by friends when previous employers should be approached, and references had not been checked to ensure they were valid. We asked the nominated individual about the verification process. They told us the registered manager contacted all references provided to ensure they were valid. We pointed out that there was no record that this had been done.

We concluded the recruitment process did not provide adequate assurance that pre-employment checks had been satisfactorily done and staff of suitable character employed. This meant people were at risk of harm because inappropriate staff may be employed. These concerns identified constituted a breach of Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw an assessment of risks relating to the person supported had been carried out. Risk assessments should provide clear and person-specific guidance to staff and ensure control measures are in place to manage the risks or hazards an individual may be exposed to. These included assessments of the person's environment, mobility and personal care needs. We found information provided was minimal and did not sufficiently provide staff with appropriate guidance to manage identified risks. For example, in the case of poor mobility and a recent fall, the care plan stated "Carer to monitor at all times during home visit" and action to be taken was "service user to be monitored". This meant people may not always be protected from risk of harm effectively as staff had insufficient guidance to mitigate risks.

The service did not have any records of safeguarding incidents nor had the registered manager submitted any notifications to the CQC. We noted there was an up to date policy and procedure in place which gave

guidance on action to take regarding safeguarding concerns. We saw the registered manager was the named lead for safeguarding and training records we looked at showed staff members had received training in this area. We concluded there were systems in place to help ensure people supported were protected from risk of harm.

We asked the nominated individual how they ensured staff attended visits on time and remained for the allocated time. They explained that care staff called the office from the person's land line telephone to indicate that they had started their shift. Management used this call log to monitor staff going in. We asked if staff made a similar call at the end of the shift to indicate they were finished. The nominated individual told us they did not. However they said the relative of the person receiving the care was in regular contact with the office and would contact them if they care staff left early or did not complete tasks according to the care plan. They added that going forward as the service increased the number of people supported that a more established call system would have to be considered.

We asked about the service coverage during out of office hours in the event of an emergency. The nominated individual told us the office telephone line was re-routed to either their mobile or the registered manager's mobile. We were able to confirm this information within the person's care records. The nominated individual said the service was always available should the person supported or their relative need to contact them.

Based on the service's staff rota schedule, we were satisfied that care was provided by a consistent team of staff. Having a consistent team of staff helps to ensure people are supported by staff who know their individual needs.

## Is the service effective?

### Our findings

We saw from one staff file that they had completed the care certificate. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. Their records also showed they had carried out shadowing shifts to help ensure they could undertake their tasks effectively and confidently without supervision.

There was no established schedule of training and supervision and we saw no evidence that staff had undertaken any additional training subsequent to their induction. Information provided by the registered manager following our site visit identified that staff would receive training in moving and handling in July 2017. Failure to ensure staff received appropriate training and support was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The care records we looked at reflected the person and their family had been involved in the decision making regarding the care provision. However we noted consent to receiving care and support had not been officially signed. The nominated individual told us the registered manager would follow up on this gap when they returned to office.

The care plan we looked at contained up to date information about the person's GP and their medical conditions. This meant staff had sufficient information to be able to help people receive relevant care if required.

**Inspected but not rated**

Is the service caring?

## Our findings

This domain was not inspected.

## Is the service responsive?

### Our findings

We saw that an initial assessment was carried out prior to the person commencing with the service. This assessment identified the specific needs of the person and helped to ensure the right resources were available to support the person in an effective and responsive manner.

The care records we looked at had been recently reviewed in February 2017. These included information about the support required and the tasks to be completed at each visit. However as previously identified in the 'Safe' domain some further details were required for risk assessments. We noted care plans considered the person's independence in undertaking tasks for themselves and for staff to intervene if needed.

As part of our inspection we speak with people to find out directly from their experiences of the care and support they received. We were unable to speak with this person or their relative during our inspection. The registered manager told us they would ask the person's relative to complete a feedback questionnaire in lieu of our visit to their home. The registered manager sent us a copy of the completed questionnaire. We noted the relative's response was positive and they stated they were "very satisfied" with the service provided and that they would recommend the service to a friend or family member. The one area for improvement they identified was that "out of hours contact for emergencies could be improved".

There was a complaints policy in place. This document was not dated so we did not know if it was current or not. It also did not provide information about other agencies such as the local authority or local government ombudsman that people could approach if they had to escalate a complaint. We also noted the agency's service user guide did not include information about the complaints procedure. While this inclusion is not a legal requirement, it is considered good practice to do so.

We asked the nominated individual how people provided feedback on the service they received. They said, "There is very good communication at the minute due to the size (of the service). The family are regularly in contact with us." For example, they said the person's relative sometimes contacted the office regarding staffing schedules and visit times.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of this inspection. They were supported in their role by the nominated individual.

When at the offices, we asked the nominated individual about various areas of the service's operations including quality monitoring systems and staff meetings. The nominated individual told us the registered manager looked at daily record sheets and would address any concerns directly with staff as required. There was no evidence that this was done. Following our site visit, we requested the registered manager to email us this information. They provided a list of dates and agenda issues covered at staff meetings from February 2017 to March 2017 and June 2017. Agenda topics included daily recording of visits, care certificate training and staff uniforms/identification badges. However there were no detailed minutes of these meetings.

The registered manager also provided a list of dates of staff spot checks completed in February, May and June 2017 but there were no details to demonstrate what had been checked and if any remedial action had been required.

We also saw an "audit of paperwork" which identified whether documents such as care plans and risk assessments had been completed correctly. This audit had not identified issues we found during our inspection so we concluded this process required improvement to provide suitable assurance that the service was safe and of an acceptable standard. We concluded record keeping and monitoring systems needed to be strengthened to help ensure the registered manager had adequate oversight of the quality of care provided. Failure to implement systems or processes that would effectively assess, monitor and improve the quality and safety of services was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had a set of policies and procedures to guide staff in their roles. These included infection control, whistleblowing and understanding diabetes. The nominated individual told us staff had access to these documents when they visited the office. We saw these documents had been reviewed. However we noted some policies referred to outdated CQC compliance standards. We recommend the provider should ensure operational policies and procedures are reviewed and updated as appropriate to be fit for purpose and effectively support staff.

We asked the nominated individual about the support they received from the franchisor/head office. They said head office provided support with staffing training and quality assurance processes. They told us this support had not been provided as yet due to the small numbers currently supported by the Manchester service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Record keeping and monitoring systems did not effectively assess, monitor and improve the quality and safety of service provided. Regulation 17(1)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  People using the services were not protected against the risks associated with recruiting unsuitable staff members. Regulation 19(1)(3)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was no evidence to support staff received training and support following their induction. Regulation 18(2)(a)