

Loyal Companion Care 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 ●

Summary of findings

Overall summary

About the service:

Loyal Companion Care Limited is a domiciliary care agency. At the time of the inspection, they provided personal care, to seven people.

People's experience of using this service:

Relatives and staff said the service met people's needs. Improvements had been made to the provider's quality monitoring processes since our previous inspection. This ensured people now received safe and person-centred care.

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

Staff had the right skills and knowledge to meet people's needs effectively. Staff had the information they required to meet people's assessed needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required. This helped people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Staff supported people in a way that respected and promoted their privacy and dignity. They encouraged people to be as independent as possible.

Relatives were happy with how staff supported people to meet their individual needs. They said this had been done in a caring and respectful way. There had been no recent complaints, but there was a system to manage this. The provider dealt with any issues quickly and they were committed to continuously improving the service.

Rating at last inspection:

The last rating for this service was requires improvement (published 07 July 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Loyal Companion Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Loyal Companion Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 05 July 2019 and ended on 23 July 2019. We visited the office location on 05 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information sent to us by the provider, the report of the previous inspection and the provider's action plan. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Most people were living with dementia and they were not able to tell us about their experiences of being supported by the service. We spoke with two people, relatives of three people, one social care professional, three staff, the registered manager, and the provider's nominated individual (provider).

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records. We requested and received feedback from a local authority professional who worked closely with the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to deploy staff so that people were consistently supported at agreed times. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were enough staff to support people safely. There was now an effective system to plan staff rotas. This also monitored that staff supported people within agreed times. Relatives told us people were normally supported by consistent staff and they had no concerns about the timeliness of the care visits.
- Staff said there was enough of them to support everyone, including people who required support from two staff.
- The provider followed robust staff recruitment processes to ensure staff were suitable to work at the service. We saw the range of checks the provider carried out before staff started working at the service.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they had never been concerned about people's safety or the risk of abuse. One relative said, "I have no concerns. They (staff) have complete respect and are caring."
- Staff knew how to keep people safe. They said they reported any concerns to the registered manager, who dealt with them. They knew they could also report concerns to other relevant agencies, such as the local authority and CQC.
- Records showed the registered manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured they took quick action to safeguard people.

Assessing risk, safety monitoring and management

- People's individual risk assessments guided staff on how to safely manage risks to their health and wellbeing. The registered manager reviewed these regularly to ensure this information was always up to date.
- One person's risk assessment included guidance for the use of their wheelchair and hoist to ensure staff used these safely.
- The registered manager had checked people's homes to identify and minimise hazards that could put them, staff and visitors at risk of harm. Where issues were identified, people had been supported to get these corrected quickly.

Using medicines safely

- Some people were supported by staff to take their medicines. Relatives told us staff did this well and they had no concerns.
- Staff completed Medicine administration records (MAR) correctly, with no explained gaps. This showed people were being given their medicines as prescribed.
- The registered manager explained their medicines management processes, and they completed regular audits of MAR. Actions were recorded where required and signed off when completed. For example, when the registered manager had met with staff to address missed signatures.

Preventing and controlling infection

- Records showed staff supported people well to maintain their health and wellbeing. For example, there was guidance for staff to regularly clean the catheter site for a person who had this support.
- Relatives told us staff normally left people's homes tidy. Some relatives told us staff sometimes cleaned people's homes, which was additional to their agreed roles.
- Staff told us they were provided with enough personal protective equipment (PPE), such as disposable gloves and aprons. Where required, they used these when supporting people to prevent the spread of infections.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service. Records showed the registered manager reviewed incidents and they put measures to reduce the risk of recurrence.
- Staff told us they reported any incidents quickly so that the registered manager took appropriate action to deal with these in a timely way. The registered manager shared learning from incidents with staff through team meetings and an electronic chat system.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. Staff now supported people well with their meals. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's care was planned and managed in line with good practice guidance. Relatives were happy with how staff supported people with their care needs. One relative said, "The care is excellent. They absolutely do what they need to for [person]."
- Since the previous inspection, the provider had introduced an electronic care planning system that meant staff could update people's care plans quickly. This ensured staff always had up to date information about people's needs.
- The registered manager reviewed all care plans and risk assessments twice a year to ensure they reflected people's current needs.

Staff support: induction, training, skills and experience

- Relatives said staff had the right skills to support people effectively. One relative said, "From what I've seen, they are very good and they do everything [person] needs."
- The provider had an induction and training programme for all staff. Staff were happy with the quality of their training. One staff member said, "Training is good, we do refreshers every year."
- The registered manager also assessed staff's competency in supporting people with different needs. For example, those needing support with their medicines or to move.
- Staff told us, and records showed they received regular supervision. One staff member said, "Supervision is good. They do spot checks too to make sure we are looking after clients properly."

Supporting people to eat and drink enough to maintain a balanced diet

- Relatives told us people were supported well to have enough to eat and drink. One relative said, "[Person] has good support with food. [Person] doesn't eat well sometimes, but they (staff) are very good and patient."
- Staff were clear about their roles in supporting people to eat well. They said they knew what people liked to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The nature of the service meant people were not always supported by staff to access health services such as GPs and hospital appointments. However, staff contacted health professionals if they saw that people needed urgent care.
- One relative told us staff would normally contact them if they were concerned about the person's health. Together, they then decided what the best course of action would be. In most cases, this involved

contacting the person's GP to arrange a home visit.

- The service worked well with other agencies to provide appropriate care. A social care professional told us the registered manager was going to contribute to a planned assessment to check if a person needed more support because their needs had changed.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Mental capacity assessments showed that some people had variable mental capacity. This meant they were not always able to make decisions about all aspects of their care and support. Where this was the case, the registered manager had consulted people's relatives or professionals to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. Staffing was now planned well and people no longer felt rushed. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were always kind and caring towards people they supported. One relative said, "They're (staff) absolutely nice. They are always lovely."
- Relatives told us staff were friendly and chatty when they met them at people's homes. They said they had seen good relationships between people and staff. One relative said, "I'm often there to see what's happening. They (staff) almost love [person] as part of their family. We are very lucky because [person] has the same carers and they are very good."
- One relative told us staff sometimes went over and beyond what was expected of them to help people. They said, "They sometimes come in their own time to check if [person] is okay. They do not mind doing some cleaning if I have not been able to do so. They are very helpful that way." Records of a staff meeting showed the provider encouraged this.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they always supported people to make decisions and choices about their care. They said people chose how they wanted to be supported with all aspects of their care. One staff member said, "I always ask clients if they are happy with what I do for them. If they are, I'm happy too."
- Relatives told us they or professionals helped people to make decisions about their care if required. Some relatives told us they were very involved in their family member's care because they did not always have the mental capacity to understand what support they needed. This ensured they always received the care and support they required.
- Some relatives and a representative of the local authority had access to people's electronic care records, which made it easy for them to contribute to the reviews and updates.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were always respectful in the way they supported people. Staff said they promoted people's privacy and dignity, particularly by providing personal care in private.
- Staff helped most people with activities of daily living. For example, with washing and dressing, preparing meals, and taking their medicines. Staff told us they promoted people's independence by encouraging them to do as much as they could for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements to the planning of staff rotas meant people now received care within their agreed times. Records showed staff supported people for the duration of their agreed visit times, and they did more to enhance people's lives. One relative said, "They strip the bed and the washing machine is always on because of [person]'s problems."
- Staff told us the electronic system ensured people's care plans could be updated quickly to reflect their changing needs. They said these contained the information they needed to support people well. One staff member said, "There is enough information in the care plans. I always check the paperwork when I arrive, just in case the previous staff left any messages."
- The provider encouraged staff to keep better records to evidence what support they provided to people at each care visit. The registered manager told us this had improved greatly since they started using electronic records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- Staff told us people using the service could communicate verbally, but because of their health conditions, most of them needed support to understand information given to them. Staff said they helped people to understand what was said to them and make decisions by speaking slowly and giving them fewer options to choose from.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints, and people had been given information on how to raise a complaint. The service had not received any complaints in the 12 months prior to the inspection.
- Relatives told us they were happy with the quality of the service provided to their family members. They said they had no reason to complain because issues they raised had normally been dealt with quickly by a responsive registered manager. One relative said, "If I have concerns, I will speak to the manager. She is quick to respond and will deal with it."
- It was evident that the registered manager was committed to providing the best service they could. They

visited people regularly to ask them for their feedback.

End of life care and support

- The service did not support people at the end of their lives. The registered manager told us they would if people chose to remain in their homes and staff were able to meet their needs.
- Care plans showed the registered manager had assessed if people wanted to plan for their end of life. One person's care plan stated that 'their relatives would take care of this when it is required'. We discussed with the registered manager about getting more information about what care people would like at the end of their lives. The provider told us about the difficulties they had faced in getting this information because people did not always want to speak about their end of life. They said they would try again during people's next review meetings.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider did not have robust quality monitoring processes. Some aspects of the service had not been audited. They had failed to identify that people were not consistently supported at agreed times. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider's electronic care planning and monitoring system meant that care visits were now planned correctly and monitored. People were now consistently supported within their agreed care visit times. There was an alert system to notify the registered manager if staff had not arrived within agreed times.
- Staff knew about their responsibility to support people on time. They told us there was enough time between care visits to enable them to do so. The service had more than enough staff to support people in a timely way. Relatives had no concerns about the timeliness of the care visits.
- The provider had a more improved governance system to assess all aspects of the service. The quality of records had been further enhanced by a new electronic care planning system which enabled staff to update records quickly.
- Various audits carried out by the registered manager ensured risks to people's health, safety and wellbeing were effectively managed. They also regularly assessed staff's competence to provide safe and effective care.

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

- The registered manager and staff were committed to providing high-quality and person-centred care to people using the service. One staff member said, "Loyal Companion is a good company, it is the best company I've ever worked for. They care about their clients and staff too, that's why I'm still working for them."
- One relative told us staff always provided good care to their relative. They also said the registered manager was always available to deal with any issues, and they had a good relationship with her.
- Relatives told us staff supported people in a person-centred way and did their best to make people's lives

better. The provider told us how last year, they provided a Christmas meal to people who wanted it. They said this was their way of improving people's wellbeing and social connections. Minutes of staff meetings showed they always talked about ways of helping people enjoy their lives more.

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; Continuous learning and improving care

- The provider told us they were committed to continuous learning and improvement. They had an external assessor who completed an annual review to check whether the registered manager was meeting their regulatory requirements. They also worked closely with the commissioning local authority to ensure they met the required standards. We saw they had made improvements detailed in an action plan they sent to the local authority.
- We received positive feedback from both professionals. They said people received good care.
- The registered manager and the provider knew their responsibility to be open and honest when things go wrong. We saw evidence of learning from the findings of our previous inspection and improvements had been made.
- The registered manager appropriately reported relevant issues to CQC and the local authority that commissioned the service.

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

- People had regular opportunities to give feedback about their care and support. The registered manager completed bi-annual care reviews. They also spoke with people when they visited their homes to assess staff' competence to provide safe and effective care in relation to personal care and medicines.
- The provider told us they visited people at least regularly to check if they were happy with the everything. They said that way, they could deal with issues as they happened.
- A recent survey showed people gave positive comments about the service and the provider planned to send questionnaires to people annually.
- Relatives and staff told us they could speak with the registered manager whenever they needed to. Staff also benefitted from regular team meetings.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected.