

# Good Companions Rochdale Ltd

# Good Companions

## Inspection report

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Date of inspection visit:  
03 March 2016

Date of publication:  
05 May 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This was an announced inspection which took place on 3 March 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure a manager would be at the office. This was the first inspection of this service. The inspection team consisted of one inspector.

Good companions is a Domiciliary Care Service that provides personal care to people in their own homes. At the time of our inspection there were 22 people using the service.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We saw that policies and procedures on staff recruitment were in place. Checks were made with the disclosure and barring service (DBS) for criminal convictions of applicants. However in three staff files we found full employment history's had not been recorded. This meant people were at risk of being cared for by unsuitable staff.

The service did not have a robust system for monitoring and reviewing the quality of the service. Where checks and audits were carried out there was no record of the outcome of the audit or any action recommended or taken if errors were found. This process needed to be more robust to identify and drive forward required improvements in the service.

The service did not have a registered manager. The current manager intended to make an application to the Care Quality Commission (CQC) to become registered. 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.

People who used the service and their relatives told us they felt safe. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

People we spoke with told us they always received the care they were assessed for. They said the service was reliable and that visits were never missed. We found the service had a good system in place to alert managers if staff were late for a visit.

The manager completed an assessment before people started to use the service. The assessment ensured

staff could meet people's needs and that people who used the service benefitted from appropriate support. We saw the assessments were used to develop care plans and risk assessments. Risk assessment and care records detailed people's needs and wishes and gave enough information to guide staff on how support should be provided.

People's rights and choices were respected. Peoples records had not always been signed to indicate they gave their consent, but people and their relatives told us they had been involved in planning and agreeing how support was provided. The provider was working within the principles of the Mental Capacity Act 2005 (MCA)

We found there was a safe system in place for managing people medicines.

People who used the service were complimentary about the staff and the service they received. They said of the staff; "They are Brilliant", " They are wonderful", "They have a positive attitude" and "They are polite."

The manager, managing director and staff we spoke with knew the people who used the service well. They knew their likes and dislikes and what was important to them. They were caring and respectful in the way the spoke about people who used the service. They were person centred in their approach.

Staff had received the induction, training, support and supervision they needed to carry out their roles effectively.

The managers of the service were committed to providing a good quality service.

Staff told us they felt supported and were very complimentary about the manager, managing director and about working for the company.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff. Full employment histories had not been recorded.

People who used the service told us they felt safe. Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

There was a good system in place to alert managers if staff were late for a visit.

### Is the service effective?

**Good** ●

The service was effective.

People we spoke with told us they always received the care they were assessed for. They said the service was reliable and that visits were never missed.

People's rights and choices were respected. . People's records had not always been signed to indicate they gave their consent but people and their relatives told us they had been involved in planning the support they received.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service were complimentary about the staff and the service they received.

The manager, managing director and staff we spoke with were caring and respectful in the way they spoke about people who used the service. They were person centred in their approach.

### Is the service responsive?

**Good** ●

The service was responsive.

A detailed assessment was completed before people started to use the service; this gave information about people's needs, wishes, likes and dislikes.

Manager and staff knew people who used the service well. Care plans and risk assessments gave sufficient detail to guide staff on how support should be provided

**Is the service well-led?**

The service was not always well-led.

The service did not have a registered manager. The current manager told us they were going to apply to the Care Quality Commission (CQC) to become registered. A service cannot be judged as good in this domain if there is no manager registered with the CQC.

Systems for monitoring quality and reviewing the service were not robust enough.

Staff told us they felt supported and were very complimentary about the manager, managing director and about working for the company.

**Requires Improvement** 

# Good Companions

## **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 was an announced inspection which took place on 3 March 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure a manager would be at the office. The inspection team consisted of one inspector.

Before the inspection we asked 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 what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked Bury and Rochdale local authority and Bury and Rochdale Healthwatch for their views on the service; they raised no concerns.

The service supports people who live in their own homes. During our inspection we spoke with three people who used the service and two relatives, the manager, the managing director, three care staff and the administration assistant.

We looked at a range of records relating to how the service was managed; these included; medicines administration records, the care records of three people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

We looked to see if there was a safe system of recruitment in place. We found that recruitment was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters were in place. We looked at three staff personnel files. The staff files we looked at contained application forms, two written references and copies of identification documents. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. However we found that the application forms in the three files we looked did not detail a full employment history. This was a breach of Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

People who used the service and their relatives told us they felt safe with Good Companions. One person told us "I Feel safe with them"

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The service had not had any safeguarding incidents but the manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who they should report it to. Staff we spoke with told us they were confident the manager and provider would deal with any issues they raised.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The manager and staff we spoke with told us that staff received training, which included competency assessments before they could administer medicines. Records we saw showed staff were trained in medicines administration.

We looked at two months medicines administration records (MAR) for two people. We found that all records were completed to confirm each person had received their medicines as prescribed.

The service had an infection control and cleanliness policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including

uniform, disposable gloves, aprons and hand gel. We saw that PPE was available and staff we spoke with told us PPE was always available and used. Staff were also given personal alarms and torches to improve their personal safety when working in the community.

We looked at three people's care records we looked at contained risk assessments and included risks to the individual and environmental risk around people's homes. We saw they included moving and handling, nutrition and hydration, medicines management, bathing and home appliances such as cookers, toasters, microwaves and vacuum cleaners.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The manager and managing director told us they had a contingency plan. They said this included action to be taken in the event of failure of phone and computer system, breakdown of essential equipment, loss of electric and gas and severe weather. They were not able to find the plan during our inspection, but we were shown the procedure for action to be taken in extreme weather. They told us that either the manager or managing director were always available via the on call for staff to contact and would be able to advise staff. Plans that give direction to staff in the event of an emergency should be readily available so that staff are able to follow guidance on the correct course of action promptly to ensure continuity of service and to keep people safe. The manager told us they had recently appointed an administration assistant to assist with the organisation of files and paperwork within the office.

We saw that accidents and incidents were recorded and these were audited by the manager to recommend action to prevent reoccurrence and to look for lessons that could be learned.

The offices were on the second floor, accessible via stairs. The service had bought their electrical equipment (computers and screens) recently; the manager was aware of the need to have them checked when they became due. There was a fire alarm, extinguishers and emergency lighting to use in the event of a fire. The alarms and emergency lighting were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a landlord. The managing director told us any faults or repairs were quickly attended to. During our inspection the intruder alarm malfunctioned and we saw that it was repaired promptly.



# Is the service effective?

## Our findings

People we spoke with told us the service was reliable. They said "They turn up", "They can do their job" another said "The previous manager and some staff left, but it hasn't stopped them" A relative said "They work magic with [my relative]"

People who used the service told us they always received the care they were assessed for. People we spoke with and records we saw confirmed that no calls had been missed. One person who used the service said "They have never not come." A relative told us "We have had no missed visits." People told us that staff were occasionally late, but if staff were going to be late they were always informed by telephone either by the staff member or from the office.

The manager told us the service used an electronic system for tracking if care workers had arrived at people's houses on time, this alerted the office if the visit was late and then again if a visit had not happened within half an hour of the planned time. If they received an alert that a staff member was late they would contact the staff member, the person who used the service and arrange another staff to cover if needed. This system allows the provider to be sure that people received the time commissioned.

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. We found that the service was working within the principles of the MCA. We saw that people and where appropriate their relatives had been involved in planning the care they received. The three care records we looked at contained a consent form for the support people who used the service would receive been signed by the person. We spoke with the people whose records they were and they told us they had been involved in planning and agreeing with the manager how support was provided and that staff sort their consent when supporting them.

One senior staff member we spoke with had recently received training in MCA but records we looked at showed MCA training had not been offered previously by the service. Only one staff we spoke with could explain the details of the Act. However all staff we spoke with had a basic understanding of the principles of MCA and were able to tell us how they ensured people had consented to the care they provided and what they would do if someone did not have the capacity to consent. Care records we saw contained information to guide staff on how to support people to make choices and decisions, this included how best to communicate with people.

We looked to see if staff had received the training, supervision and support they needed to carry out their roles effectively. The manager told us that new staff completed a 12 week induction programme, the care certificate and were supported to complete national vocational certificates in social care. We saw that staff

shadow experienced staff for two weeks during their induction and completed a booklet, which included competency assessments.

When staff started to work for the service they were given a handbook to refer to for good practice issues. The handbook contained key policies and procedures, rules for working at the service, codes of conduct, complaints and compliments, confidentiality, equality and diversity, health and safety, promoting good nutrition, independence, religious beliefs and working practices such as wearing the right uniform or ID. This should help staff follow what the service considered to be good practice.

The manager told us that the service provided staff with on line training and managers worked alongside staff to assess their competency to undertake their role. We saw from the training records and three staff files that staff received training in health & safety, fire awareness, medicines management, confidentiality, first aid, food hygiene, care planning, COSHH, manual handling, infection control. We also saw that training included booklets that were used to check staff understanding and competency. Staff were trained in food hygiene and supporting people with nutrition and hydration.

The manager told us staff had regular supervisions and team meetings were held every three months. We saw minutes of the staff meeting that was held on 13th January 2016. This included health and safety, the on call system, business updates and discussions about the service provided for people. We were told that a team meeting was planned for the week after our inspection. Staff we spoke with told us they received regular supervision and felt very supported in their roles. One said "I like to go to the office; they always make time for you."

Records we looked at contained information about people's health conditions and details of their G.P. and other health care professionals. One person we spoke with told us the staff helped them organise any appointments they needed with health care professionals.

## Is the service caring?

### Our findings

People we spoke with told us the staff were caring. One person said "They are very caring."

People who used the service were complimentary about the staff and the service they received. They said of the staff; "They are Brilliant", "They are wonderful", "They have a positive attitude" and "They are polite." One person told us they enjoyed the staff visits, they said "We natter about all sorts of things" Relatives told us "Everyone has been brilliant", "They have a laugh with [my relative]" another said "They are a great bunch of girls, they come in like friends."

The manager, managing director and staff we spoke with were caring and respectful in the way they spoke about people who used the service. They all had detailed knowledge of the people who used the service and were able to tell us what was important to the people, their likes and dislikes and the support they required.

With permission we visited one person who used the service at their home whilst staff were there. We observed how one staff member interacted with the person. We saw that they were respectful and acted in an unhurried manner. They asked the person what they wanted and then explained to the person what they were going to do in response. A staff member we spoke with said of people who use the service; "People make their own choices, it's about what they want"

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw that care records were stored securely to help maintain people's confidentiality.

We saw the service user guide was given to people who started to use the service. It contained information about independent advocacy services including what advocacy services do and when people might need to use an advocacy service. It also contained information about how the service and staff would promote people's autonomy and independence. It stated "Our carers will carry out tasks with the client and not for the client, enabling them to keep control of their lives."

## Is the service responsive?

### Our findings

One person who used the service said of staff; "They always ask: anything else? Anything else at all?"

The manager told us that prior to someone starting to use the service a needs assessment and care plan was always received from the local council, which told the service what each person's needs were and what visits they needed. In addition the manager met each person and their relatives to complete a pre-assessment. The assessment covered all aspects of a person's health and social care and had been developed to help form the plans of care. The assessment process ensured the service could meet people's needs and that people who used the service benefitted from appropriate support. We saw the assessments were used to develop care plans and risk assessments.

We looked at three people's care records. We saw that people who used the service and where appropriate their relatives had been involved in developing the care records. They were person centred and contained a pen picture about things that were important to the person. They included contact details of relatives, routines, preferences, food likes and dislikes, health conditions, allergies, medicines, how they wanted to be supported with their personal care and how best to communicate with the person. They also contained information on how to support people to maintain independence, such as dressing. Records we saw were sufficiently detailed to guide staff in how to provide the support people required.

With their permission we visited three people who used the service in their own homes and found the care records were also available in the home and contained the same information as the records in the office, this ensured continuity of care.

We found that detailed daily records were kept of the care provided at each visit. We saw that the care records had been reviewed to ensure the care provided was meeting people's needs. We saw that people who used the service, and where appropriate their relatives, were involved in the reviews.

The managing director told us that when staff were off sick or on leave cover was provided by other agency staff or the managers of the service. As this was a small staff team, this helped to ensure continuity of care.

We looked to see how the service dealt with complaints. We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints, their response to the complainant and recording the action they had taken. We saw that complaints had been dealt with appropriately and action taken recorded. People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

## Is the service well-led?

### Our findings

The service is required to have a registered manager in place. The service did not have a registered manager. The current manager told us they were going to apply to the Care Quality Commission (CQC) to become registered. A service cannot be judged as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the systems that were in place to monitor and review the quality of the service. The manager told us that whilst new staff were being recruited the manager and managing director were undertaking visits daily and providing direct support. They told us this was used to monitor the quality of the service, assess staff competency and to ask people if they were happy with the service they were receiving.

The manager told us that daily records and MAR sheets were audited when they were returned to the office each month. Records we looked at contained only one documented audit of a MAR sheet from February 2016. The manager was not able to locate any other documented audits. This meant that there was no record available of the outcome of the audit or any action recommended or taken if errors were found. The information could not be used to improve and develop the service. There were no audits of care plans or risk assessments; the manager told us they would be completed annually.

The lack of robust systems in place to monitor and review the quality of service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us a quality audit of all care records was planned for April 2016.

Everyone we spoke with was positive about the manager and managing director. All staff we spoke with said they were both approachable. One told us "You can approach them with anything; they will help you." We found they were passionate about providing a good quality service. The managing director told us "I want to provide the best service."

People said of the manager; "The manager is nice" "She knows her job inside out" and "She always asks how [my relative] is." Another said "The manager has been and supported [my relative]" Staff told us the manager was; "Lovely", "supportive", "A darling"

Staff said of the managing director "Anything I ask for she will do" and that they were "Kind and caring" and "Lovely and brilliant."

Staff we spoke with told us they enjoyed working for the company. They told us "They are a brilliant company to work for"; "I think they are going in the right direction." and "I thoroughly enjoy working here." One staff member said "I love my job."

People who used the service or their families were given a service user guide when they started to use the

agency. This included information such as a Statement of Purpose which explained the service's aims objectives and structure of the service. The service user guide also gave people information about the facilities and services the agency provided. These documents gave people sufficient information to know what they could expect when they used this agency.

We were told the service had an "on call" system. A senior member of staff was available on the telephone outside of office hours, between 7a.m to 9a.m and 7pm to 11pm during the week and from 5pm to 11pm at weekends. This helped to ensure staff could access advice and support when they were working. One staff member told us "We have a special number for on call. It is always answered, but I have the managers' numbers as well. You can ring them at any time." Another said " You can always get hold of a manager"

We looked at the policies available to guide staff in their work. The policies we looked at included complaints, confidentiality, health and safety, safeguarding, medicines administration, recruitment and selection, infection control and quality assurance.

The manager told us that the service planned to seek the views of people all people who used the service using a questionnaire survey in April 2016. We saw that this included asking about the quality of the service, reliability, staff attitude and if people were involved in their care planning. We saw that in a previous survey seven people had returned questionnaires and the overall responses about the service were positive.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as incidents and safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The manager was able to tell us what events should be notified and how they would do this.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to assess and monitor the quality of the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.</p>