

Good Companions (Durham) Limited

Good Companions (Durham)

Inspection report

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April 2015
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Ratings

Overall rating for this service

Not sufficient evidence to rate



Is the service safe?

Not sufficient evidence to rate



Is the service effective?

Not sufficient evidence to rate



Is the service caring?

Not sufficient evidence to rate



Is the service responsive?

Not sufficient evidence to rate



Is the service well-led?

Not sufficient evidence to rate



Overall summary

This inspection took place on 11 and 18 March 2015 and was unannounced. This meant the provider did not know we were planning to visit. Visits and telephone calls to people who used the service were also carried out between 17 March and 20 April 2015.

Good Companions (Durham) Ltd was first registered with the Care Quality Commission on 29 January 2015. There have been no previous inspections.

The service is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service had started to provide services to people and there were six people using the service.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager in place.

We found the provider was using staff to deliver people's care without the appropriate employment checks in place to ensure staff were suitable to work with vulnerable people.

We found staff were giving people their medicines without having Medication Administration Records which detailed the names and the amount of prescribed medicines to be given to people as well as staff signatures which said who had given people their medicines.

People told us they were happy with the care provided to them.

We found staff did not have in place induction training in line with the provider's policy. The provider also did not have in place training for staff to ensure they could meet people's needs.

People told us they had been given a copy of the provider's service user guide and knew how to contact the office if they wanted to make a complaint or an enquiry.

We saw the provider had in place care plans for people which were person centred. Where the provider had identified potential risks to people, we saw there were risk assessments in place and actions were recorded to mitigate those risks.

We were not able to provide a rating for this service as it had not operated for a sufficient length of time to determine a rating. However we found a number of breaches of the Health and Social Care Act 2008 and associated regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 not safe.

We found care was being delivered by staff who had not been safely recruited to the service. We found staff had commenced working for the service without the appropriate checks in place.

We found staff had not been trained in the administration of people's medicines and people in receipt of the service did not have the appropriate Medication Administration Record in their homes.

We found staff had in place identification which had been made up by the provider without any security features and they did not protect people from bogus callers.

Not sufficient evidence to rate



Is the service effective?

The service was not always effective.

Staff were not given an appropriate induction to the service or by the provider. The provider did not have in place staff training to ensure people received effective care.

Following the inspection we found the registered manager was unable to give us an accurate rota and could not be accountable for staff who had carried out visits to people in their own homes.

Not sufficient evidence to rate



Is the service caring?

The service was caring.

People told us they thought the care provided by the service was good.

We saw information had been provided to people about the service which gave people information on how to contact the provider and the levels of service to be expected.

People felt they had been treated with dignity by the staff.

Not sufficient evidence to rate



Is the service responsive?

The service was responsive.

We found the provider was working on care plans which were written in a person centred way. We found where the provider had identified risks, actions were recorded to mitigate those risks.

We saw the provider had given people information on how to make a complaint. At the point of our inspection no complaints had been made.

Not sufficient evidence to rate



Summary of findings

Is the service well-led?

The service was not always well led.

We found the service lacked transparency and openness. We found staff did not have two references in place, and where staff had only one reference in place this had been supplied by the person responsible for recruitment in Good Companions as they knew the staff in a previous care agency.

At the time of our inspection no service reviews had taken place, we are therefore unable to comment if the provider had conducted any service audits and made any improvements.

Not sufficient evidence to rate



Good Companions (Durham)

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 11 and 18 March 2015 and was unannounced. This meant the provider did not know we were planning to visit. We visited and made telephone calls to people who used the service between 17 March and 20 April 2015.

The inspection team consisted of two adult social care inspectors.

Prior to the inspection we received concerns from a member of the public and the local commissioning team who had been informed by care managers. It was alleged people were being put under pressure to move their care requirements from their existing care provider to Good Companions (Durham) Ltd.

During our inspection we spoke with five staff members. We visited two people in their own homes and we spoke to a further 3 people by telephone. We looked at six people's records and seven staff records including recruitment records.

Before the inspection, the provider was not asked 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.

Is the service safe?

Our findings

People told us they felt safe with their workers. One person told us they had transferred their care to Good Companions (Durham) Ltd because their carer was going to work for the company and they were happy with them.

We looked at staff recruitment records and found these records were incomplete which meant the provider did not have the information to make a judgement on whether staff were suitable to work with vulnerable people. For example we found applications were incomplete and gaps in employment history had not been addressed. We saw the provider's policy required two references to be obtained. We found staff had started work without having references in place.

In the provider's recruitment policy we read, 'Upon receipt of an acceptable CRB Disclosure, two written references and satisfactory induction (see induction section of this policy) including a minimum of three full working shadowing days (shadow training), the appointee may commence their duties unsupervised'.

We saw the provider had begun to undertake Disclosure and Barring Service (DBS) checks on staff. The DBS checks replaced CRB checks. A DBS check requires prospective staff members to submit evidence of their identity before a check is carried out; the check tells providers if there are any offences recorded against that person. We asked the registered manager for a DBS management report. We compared the management report with people's care records and found two staff had started to assess people and deliver people's care without having these checks in place. For example we saw the provider had written to a person stating their worker would commence delivering their care on a given date without the member of staff having a DBS check in place. The person's relative confirmed they had started work on the date given. We found another member of staff had started work without a DBS check in place. The registered manager told us they were supervised at all times by another staff member and were undergoing a period of shadowing. Furthermore we found the provider had issued an ID badge to a staff member without carrying out a risk assessment on the outcome of their DBS check. This meant staff were working with people without having the appropriate safety checks in place.

We found there were no interview notes on file and asked the registered manager and the provider for the notes. The provider said they had carried out interviews. We were unable to see any notes. We found staff did not have in place contracts of employment. The provider stated this was a priority for them.

We found one person had carried out assessments of people's care needs. When we spoke to them they believed they were employed by the company in a specific capacity and they were listed as such in the Service user Guide. We asked the registered manager for the person's application form to check to see if the person had relevant experience and the registered manager told us they did not have one. The registered manager later gave us an application form. We found this person did not have a DBS check, the registered manager said they only visited people with them (the registered manager). When we spoke to people they told us they thought the staff member attended on their own or with another care staff member. We could not determine if appropriate safeguards had been put in place to ensure people had been appropriately protected.

We found the registered person had not protected people against the risks of their care being delivered by unsuitable staff. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had in place an environmental risk assessment. This assessment looked at the safety of people's homes and if there were any risks to people or staff working in the home. This meant the provider had considered the risks to staff and people where the care delivered was in the person's home.

We checked to see if people's medicines were being safely administered. We found staff were enabling people to take their medicines. We found people's medicines were recorded in their care plans, however we saw in one person's care plan their medicines were inaccurately detailed. When we visited the person's home we looked for the Medication Administration Record (MAR). The carers who were present were unable to show us they had one in place. This meant we could not be assured the person was receiving their medication.

Is the service safe?

In the service user guide we read, 'All our care staff have completed appropriate medication assistance training which complies fully the requirements of local authorities and our care regulators'. We found Good Companions (Durham) Ltd had not trained staff nor checked to see if their latest training met these requirements.

In the office we found a MAR for one person. The MAR had been amended to start on the same day as the person's care. We asked the registered manager if this was the only MAR and if there was any other MAR in the person's home. The registered manager told us this was the only MAR. We asked if there was a copy in the person's home and they said, 'No'. This meant staff did not have current information about what medicines a person was taking nor were staff recording on the appropriate form if they had enabled the person to take each prescribed medicine.

Following the inspection we made safeguarding referrals to the local authority safeguarding teams who agreed to carry out their own checks.

We found the registered person had not protected people against the risks of unsafe care appertaining to medicines. This was in breach of regulation 12 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw on a desk in the office a laminated business card size piece of paper with a person's photograph and the company logo. We asked how such ID cards were made. The provider told us they used their mobile phone and took a picture before sticking it onto a piece of paper and laminating it. We found this method of producing ID badges did not have any security features and was insufficient to protect people from bogus callers.

The provider's service user guide stated. 'A procedure for entering the home will be agreed with every client. This may include the use of a key or key safe to which Good Companions have strict policies in maintaining security of the home. We found the provider had in place a permission form which gave them permission to have people's key safe numbers. We found this had not been used. This meant the provider had not taken steps to ensure the safety of people's homes.

Is the service effective?

Our findings

In the provider's service user guide we read, "All our care staff receive extensive induction and foundation training". The provider gave a list as standard of Basic Food Hygiene, Moving and Handling and Medication. In the provider's recruitment policy we also read, 'All new employees to Good Companions will have a complete induction to the company, detailing their role and our policies, prior to the commencing employment. No new starter will commence work unsupervised without the following Induction or Recruitment procedure.' In the policy we saw the provider lists specific training including care plans, moving and handling and medication administration.

We looked to see if staff had received an appropriate induction and the provider stated they had been satisfied staff were able to care for people. We asked to see the induction records, the registered manager said staff had come into the office and they had been given information on 'Skills for Care'. The registered manager was unable to provide us with any evidence of induction having taken place. We spoke to two staff about their induction; one person told us they had been given policies and procedures. We found the staff induction process to be unclear and could not be satisfied staff had received an appropriate induction.

We asked to see staff training records and found the provider did not have in place any staff training. We saw in one person's file a training certificate from a previous company. The registered manager told us they had just done the training. However we could not guarantee the staff member had carried out the training and found the provider had not ensured the staff member was trained to meet a quality standard. For example we found the provider had not checked to see if staff had received training in food hygiene and staff were required to provide people with meals. This meant the provider could not guarantee staff knew how to handle food correctly and not put people at risk.

We found the registered person had not protected people against the risks of associated of having staff in place who had not received appropriate training and professional development. This was in breach of regulation 23 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff records to see if the provider had checked driving licences and insurances for staff who were required to use their vehicles for work. We found these had not been checked by the provider and this was confirmed by the registered manager.

At the time of our inspection no supervision meetings or appraisals had taken place between staff and their respective manager.

One relative told us their carer had been consistently late since they had started the service. We asked to see their records kept in the home and they told us the records had been removed by a staff member 'to tidy them up in the office'. This meant the next staff member to arrive at the home did not have in place a care plan to follow and there was no provision to record daily notes. The relative demonstrated to us how they had not carried out the appropriate care. We found the person's records in the office. The person's care plan stated care was to be delivered at 8.30pm each evening. We found out of five visits recorded, the staff member had recorded they had started two at 8.30pm, the remaining visits had commenced at 9pm. There were no further recorded visits between the files being removed from the person's home and our visit to them eight days later.

We found the registered provider had not maintained a complete and contemporaneous record in respect of the service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager for a copy of the staff rotas. The registered manager told us they had experienced problems with their staff planning system. During the inspection we asked the registered manager who had carried out visit to people's homes and they were unable to tell us. Following the inspection the registered manager sent us information about staff rotas; we found staff who

Is the service effective?

had visited people were not on the rota. This meant the provider was unable to give us an accurate rota and could not be accountable for staff who had carried out visits to people in their own homes.

We found the provider had in place consent to care forms and found none of the files had any signatures on the form in place; although we found one person's relative had signed a private contract agreeing with the care which was to be provided.

Is the service caring?

Our findings

People told us staff were caring, one relative told us, "Quite satisfied with the care given." Another relative told us they had not experienced any problems. One relative told us they were happy to move their family member's care to Good Companions as long as they could keep the same carer because continuity was important to them. Another relative told us how they had turned to Good Companions in a crisis and been supported by them.

People we spoke positively about the care they received from Good Companions. One relative told us she found the carer to be polite and respectful and they knew how to maintain their relative's dignity. Another relative told us they could not fault the care given to their family member. We found people were happy with the care provided.

We spoke with the registered manager, a staff member and the provider about the concerns raised with us by a member of the public and local commissioners for example staff from Good Companions (Durham) Ltd visiting people in their own homes and putting pressure on them to change their care provider to Good Companions (Durham) Ltd in order to receive continuity of care. This was because the staff providing care were going to work for Good Companions (Durham) Ltd. We had also received information from members of the public who had informed

us Good Companions (Durham) Ltd staff had visited their homes and had shown us that they had left behind application forms for their existing carers to apply to the service. The registered manager and staff member spoken to denied this was the way they had started to deliver care to people. People told us they had changed their care arrangements to Good Companions so they could continue to have the same carers. We were unable to form a view on this matter.

We saw the provider had in place a Service User Guide and had given information to people about their service. People confirmed they had received a guide which informed them about the service. We saw in the service user guide people were given a contact number if they needed to seek advocacy provision. The provider also explained in the service user guide one of their goals was to maximise independence. When we spoke with people they told us the staff assisted people to live in their own homes.

We saw people had been involved in their care assessments supported by their relatives.

We observed carers arriving in a person's home and saw they discreetly asked the person about their personal care needs. The person told the carer they did not need any support at that point and the carer quietly withdrew. This meant the carer understood why they were there and quietly checked out the person's needs.

Is the service responsive?

Our findings

People told us how they found the service responsive. One person described how they had been supported by the service at a time of need. A relative told us they had found out about the service by accident and they had been able to meet their family member's needs.

When we arrived at the office we found a list of people's names on the board. We worked through the list of names on the board with the registered manager to ascertain how many people were receiving personal care from the service. The registered manager told us those people whose service had not commenced were waiting for direct payments to be approved before they could move their care to Good Companions (Durham) Ltd.

We found care plans and risk assessments had been carried out and the assessors name was on each plan. People confirmed staff from the service had been out to see them and undertaken an assessment of their needs and their preferences. We also found care plans had been written in a person centred way.

We saw the provider had put in place risk assessments where risks had been identified which were relevant to people's needs. For example we saw manual handling, bathing and mobility risk assessments were in place for people, we saw those risks had been identified. We saw actions were recorded in people's risk assessments which gave staff information on how to mitigate those risks and to keep people safe.

We asked to see one person's care plan who had been identified as receiving care and we were told by the registered manager and another staff member it had not been done yet. During our inspection we found a handwritten copy of the person's care plan in a drawer together with a MAR. We asked the registered manager if there were any records in the person's home to support carers understand the care to be delivered. The registered manager told us there were no records in the person's home.

We saw the provider had given people information on how to make a complaint. At the point of our inspection no complaints had been made. People were aware they could make a complaint and told us they would ring the office if they needed to make a complaint.

Is the service well-led?

Our findings

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. Good Companions (Durham) Ltd had a registered manager in post.

During our inspection we found the service had moved from where they were originally registered with the Care Quality Commission. We also found the provider had submitted an application to the Commission to add the location from which we found the service operating. This meant the provider had moved location prior to their application being approved by CQC and they were in breach of a condition of their registration. Following our inspection we have added the location to the provider's registration certificate.

We found the service lacked openness and transparency. For example we spoke with the registered manager and another member of staff about a person's records being removed from their home. They denied this had happened and told us staff do not visit the office however we found the records we were referring to on the floor of the office. The registered manager was unable to offer an explanation for this.

We found some of the records held by the service to be unfit for purpose. For example staff records were incomplete and did not adhere to the provider's policy on recruitment.

We saw the provider had private contracts in place and asked the registered manager about a member of staff signing records for a person when they were not employed by the company. The registered manager told us this was a mistake and the carer had worked for the person in a private capacity. We checked with the relative and found

they had not employed any carers in a private capacity. We found there was a disparity between the person's experience and the information provided by the registered manager. This meant the delivery of the person's care lacked transparency.

We asked the registered manager for specific records and they told us they were on a member of staff's computer system. We observed in the office a staff member typing people's care plans. They told us they were using their own lap top. We asked about the storage of information. They told us none of the care plans they typed were stored on their lap top, after typing the care plans they told us they were deleted. We asked about the registered manager having access to typed electronic care plans for future amendments and we were told this did not happen.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had been registered in January 2015; information had been provided to us at the time of registration that the service employed a quality manager. In the service user guide this person was named as the quality manager responsible for recruitment and human resources. We found no records appertaining to this person's employment. However the provider told us this was their relative of who had helped out and we also saw the same person had provided references for staff. This meant the person responsible for recruiting staff had provided references for those same staff We found there was a lack of transparency in the recruitment of staff.

At the time of our inspection the service had not been running for a sufficient period for the registered manager to conduct service reviews, we are therefore unable to comment if the provider had conducted any service audits and made any improvements as a result.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found the registered person had not protected people against the risks of unsafe care appertaining to medicines.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found the registered person had not protected people against the risks of having staff in place who had not received appropriate training and professional development.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found the provider did not have in place accurate, contemporaneous and secure records.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
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	The provider had not carried out sufficient checks to ensure fit and proper persons were employed by the service.
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