

Carers and Companions Limited

# Carers and Companions Limited

## Inspection report

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08 October 2017

10 October 2017

16 October 2017

19 October 2017

20 October 2017

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Carers and Companions provides personal care to people living in their own homes in the Ilkley, Burley-in-Wharfedale and Menston areas of West Yorkshire. At the time of the inspection, the service was delivering personal care to 28 people. The service caters mostly for older people although the service was in the process of expanding to offer care and support to younger adults with learning disabilities.

The inspection took place between 7 and 20 October 2017 and was announced.

At this inspection we found the service remained Good overall. We rated the 'Is the service caring?' domain as outstanding. This is because evidence from people, relatives and health professionals demonstrated the service was exceptionally caring and staff had 'gone the extra mile' to assist people in feeling comfortable and ensure they were well cared for.

Without exception people said staff were kind and caring. Staff and the registered manager demonstrated excellent caring values and were committed to a highly person centred approach, providing companionship as well as care and support. Staff, people and health professionals were able to give examples where they had gone out of their way to support people, undertaking tasks and checks in their own time to make people feel comfortable and ensure their welfare. The service listened to people and made positive changes to the service based on their views.

A registered manager was in place. 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 said they felt safe and secure using the service. Risks to people's health and been assessed and staff had a good understanding of how to keep people safe. Staff understood how to identify and report safeguarding concerns. We saw concerns were taken seriously by the manager and acted upon to keep people safe. Safe systems of medicines management were in place. There were enough staff deployed with suitable experience and qualifications to keep people safe.

People said staff provided effective care and support. Staff knew people very well and had received a range of high quality and interactive training based on their individual needs and requirements. Staff supported people effectively to eat and stay hydrated. The service worked well with a range of external health professionals to ensure people's healthcare needs were met. These professionals spoke positively about the service.

People's care needs were met. Care plans were in place which provided a good level of detail about people's needs and preferences. The timeliness of the service was good. People reported staff arrived on time each day and the service was very reliable. Staff stayed with people for the allocated call time and completed all

care and support tasks.

People, relatives and staff all said the service was well run. The registered manager listened to people and acted on their comments, complaints or suggestions for improvements. A range of audits and checks were undertaken to help assess, monitor and improve the service.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service was very caring.

People said staff were exceptionally kind and caring and treated them very well. People reported excellent relationships with staff and said they provided companionship as well as care and support.

We saw examples of staff 'going the extra mile' to help people stay comfortable and relaxed. This included staff doing things in their own time for the health and welfare of people.

We saw positive examples of where the service was working closely with people to improve their independence.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Carers and Companions Limited

## **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.

We visited the provider's offices on 10 October 2017 and made phone calls to people, relatives, staff and health professionals between the 7 and 20 October 2017. The inspection was announced. The provider was given a short amount of notice because the location provides a domiciliary care service and we needed to be sure that the manager was available. The inspection was carried out by one inspector.

During the visit to the provider's office we looked at the care records of four people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. We spoke with the manager of the service and the provider.

Before and after the visit to the provider's offices we spoke with a total of 11 people who used the service and three relatives. We carried out telephone interviews with eight people who used the service and three relatives. We made visits to three people's houses to speak with them. We spoke with ten care workers both over the telephone and in person.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the Local Authority Commissioning Unit.

We also 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 improvements they plan to make. The registered provider returned the PIR and we took this into account when we made

judgements in this report.

## Is the service safe?

### Our findings

People said they felt safe and secure in the company of staff. One person said "They are smashing, they are kind and talk to you and make you feel secure." People said they had no concerns with any of staff that delivered care and support. Staff had received training in safeguarding and understood how to identify and report concerns. Safeguarding was discussed with staff during supervisions to provide opportunities for staff to raise any concerns. We saw appropriate referral had been made to the local authority adult protection unit over safeguarding matters and incidents had been fully investigated.

Risks to people's health and safety were assessed and the information gathered used to develop risk assessment documents to guide staff in the provision of safe care. These covered areas such as moving and handling, nutrition and people's living environments. These contained a good level of detail and were easy for staff to follow. Where risks had been noted such as with poor nutrition or the development of pressure sores, the service had responded by developing new care regimes in conjunction with other health professionals to help keep people safe. We did find that some care records would benefit from more information about people's skin integrity risks. Our discussions with the registered manager gave us assurance this would be addressed. The service supported people to take positive risks, for example in mobilising to help improve independence. Staff we spoke with had a good understanding of the risks people were exposed to, which gave us assurance risk assessments were followed.

Incidents and accidents were recorded and investigated by the service. There had been a low number of incidents with no concerning themes or trends. Staff had received training in 'handling emergencies' which covered what to do if there was a building or medical emergency or no response when they arrived at a home. The registered manager explained the training had been developed in response to common queries staff were asking when they rang the on call number. Staff we spoke with said they were supported well by management in an emergency. They said it was easy to get in touch with management should they need to, including outside normal office working hours.

There were enough staff deployed to ensure safe and prompt care. People told us staff were reliable, arrived on time and they didn't feel rushed. People said calls were never missed. One person said, "Never once have they not turned up." Daily records of care confirmed that timeliness was good and staff stayed with people for approximately the full agreed call time. Staff said rotas were manageable and they didn't feel rushed. We reviewed staff rota's which showed a realistic number of calls allocated within the shift, with time allocated for staff to travel between locations. The registered manager explained that due to having staff vacancies, there was a waiting list for new clients. They explained they needed to fill their vacancies before expanding the number of clients. This showed a careful and measured approach to ensure care to existing clients was not compromised.

Safe recruitment procedures were in place. This included staff completing an application form and attending a competency based interview to determine whether they displayed caring values in line with the services ethos. The registered manager explained how some people who used the service had been involved in the selection of questions for staff interviews to help ensure people had a say in the recruitment process.

Successful candidates had to prove their identity, provide references, and undertake a Disclosure and Barring Service (DBS) check to ensure they were of suitable character to work with vulnerable people. Staff confirmed the required checks had taken place and said they were thorough and thought the company was good at only recruiting high quality staff.

Medicines were managed safely. Medicines were administered by trained care workers who had their competency to administer medicines assessed on a regular basis. People we spoke with said staff provided appropriate support with medicines in a timely and consistent manner. We saw visit times to people were consistent and conducive to good medicine support. Each person had a medicine profile in place which detailed the support they required and the reasons they needed their medicines. Information on the side effects of each medicine was present so staff were aware of possible issues that could develop. We found more information could have been recorded about when to offer "as required" medicines to some people. Our discussions with the manager gave us assurance this would be addressed. Medicine administration records (MAR) were in place. We reviewed these, which provided a clear record of the support provided for each individual medicine. They were well completed indicating people had received their medicines as prescribed. Staff told us they carefully checked each medicine against the MAR to ensure it was correct. The registered manager was in the process of refining the service's medicines policy to ensure it reflected the requirements of the new National Institute of Health and Care Excellence (NICE) policy on managing medicines in the community.



## Is the service effective?

### Our findings

People and relatives all spoke positively about the staff that supported them and described them as 'excellent' or 'good.' One person said, "They all know what they are doing." A relative said, "They are experienced and know what to do." Staff we spoke with had a good understanding of the topics and people we asked them about which gave us assurance staff had the necessary skills and knowledge to undertake their role. There was a low turnover of staff which meant staff built up extensive knowledge and experience in their role.

Staff received a range of training and support. Most training was delivered in house by the registered manager who was a qualified trainer with extensive experience of training staff. Staff described training as "fun" and "interactive" and said the quality was excellent. Staff told us care was taken to personalise the training to the situations they faced as care workers, to ensure the value of the training was maximised. For example staff were asked to problem solve things that might go wrong during home visits including common emergencies.

New staff without previous experience completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support. In addition, new staff received a local induction to the services policies and procedures and shadowed experienced care staff for a period of time depending on their experience and training needs. Existing staff received training updates in subjects such as moving and handling, safeguarding, dealing with emergencies, fire aid and food hygiene and dementia. Staff received observations of their practice and this fed into their training needs. However we did note that there was no set frequency for providing training updates in some areas, which meant some staff had not received updates in some subjects for some time. We spoke with the registered manager about the need to ensure these updates were better structured. The service had recently started delivering support to people with learning disabilities and we saw care had been taken to ensure staff delivering this support were provided with appropriate training in topics such as epilepsy, behaviours that challenge and autism.

Staff received regular supervisions and annual appraisal. This was an opportunity for training, developmental needs to be discussed and performance to be reviewed. Staff said they felt supported by the service.

People's nutritional needs were assessed and plans of care put in place to help protect people from harm. Liaison took place with health professionals including the community matron if nutritional concerns were identified. Where concerns were identified, food and fluid intake was monitored. Staff completed a log of the food left for the person and then reported at the next visit whether it had been consumed. We saw these records were well completed. We saw the service had worked well with professionals to increase a person's dietary intake. New plans of care had been devised, and this had resulted in positive outcomes for the person. This led us to conclude the service managed people's nutritional needs well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made.

Staff had received training in the Mental Capacity Act (MCA) and understood their responsibilities under the act. People's capacity and understanding was assessed as part of the care plan process. We saw examples where people lacked capacity, a range of health professionals had been involved in decisions demonstrating best interest process had been followed.

People's healthcare needs were assessed and used to deliver plans of care for staff to follow. Care records showed the service worked with a range of health professionals including GP's, community stroke teams and nurses to meet people's healthcare needs. For example we saw liaison with district nurses over visit times to help manage pressure relief to a person. Healthcare professionals provided positive feedback about the service and said staff liaised well with them.

## Is the service caring?

### Our findings

Without exception, people and relatives said staff delivering care and support had a kind and caring nature, excellent personal attributes and treated them well with a high level of dignity and respect. One person said, "I rely on them completely and I am very delighted with them, very caring." Another person said, "Absolutely reliable, rest assured they will do anything for you." A third person said, "They are marvellous, they do everything really well." A fourth person said, "Very caring and dignified, dignity angle is stressed a lot, but they do it so well." A relative said, "They are honest, dependable and very good at their job." A health professional said, "They are the best carers we deal with, they are really professional and the clients speak very highly about them. Really thoughtful and caring."

Exceptionally strong relationships had developed between people and staff. Most people we spoke with said that they were cared for by familiar faces. One person said, "Core of half a dozen care staff, they are all familiar and there is no change over which is good." We saw there was a low turnover of staff with most staff having worked at the company for many years. For example of the 26 staff only three had started in the last 3 years, and 16 had been at the company for over 7 years. This helped ensure familiarity between people and staff. A health professional said, "The clients seem to stay with Carers and Companions, see the same people and build up excellent relationships."

Staff and the registered manager demonstrated a passion to providing people with high quality and personalised care. For example during home visits we observed the manager knew people very well and engaged in friendly banter with people about their interests such as sport. Everyone we spoke with said they knew the registered manager and they were very friendly, kind and caring. One person said, "The manager is marvellous; I would put him top of the list". Another person said of a senior carer "We have a good chat about golf. They all have a good sense of humour." This demonstrated the management led by example in providing people with good companionship as well as friendly and effective care and support.

Staff we spoke with demonstrated a strong person centred approach to care. A staff member told us that people were "a lot like friends, rather than clients." Another staff member said, "We are truly concerned about the people we looked after, it's more like we treat a family member, very personalised." Staff were able to give examples of how they had gone 'above and beyond' for people. For example, a number of staff told us how had gone to get takeaways for people in their own time so they could "have a treat". One staff member said, "We will go and get fish and chips for them, as they really appreciate a change from their normal microwave meals." Another staff member told us they had prepared some food at their own home and brought it over for a person as it was something they really liked but would have been unable to prepare within the agreed call time. Other staff said they often went to the shop for people in their own time to help ensure they had the items they needed to stay comfortable. A person told us "They were very good and kind to me when I was ill; they did extra things for me that they didn't need to." Another person said, "They are very obliging and go above and beyond, they get things for me in their own time. They are very nice people, very reliable". We saw one staff member had knitted blankets for people to put over their knees to prevent them becoming cold. A health professional told us how when people had become unwell, staff had

undertaken extra visits throughout the day to check on people's welfare. They said they were very impressed by the flexibility and willingness of the service to make this happen. This demonstrated staff were exceptionally kind and caring.

Care records were very person centred and showed information on people's likes, preferences and past lives had been sought to help staff better understand people. The manager and staff we spoke with demonstrated an excellent knowledge of the people they were caring for, how they liked their care to be delivered and their likes and preferences. People's life histories had been sought and added to plans of care to help staff understand them and aid in the provision of personalised care.

Care workers told us they let the office know if they were going to be late and this message was then passed onto people who used the service. Most people who used the service said that this happened, but stressed it was usual for staff not to arrive within a few minutes of the agreed call time.

Care plans focused on allowing people to retain independence. For example washing parts of their body themselves. People said that staff encouraged them to maintain their independence. We saw some very positive examples of this. For example the service was working very closely with one person to improve their mobility. This included close liaison with health professionals, detailed care planning and regular changes being made to the care provision to assist the person to become more mobile. The person told us they really appreciated the help and support staff were providing them to increase their mobility.

People said they felt listened to by the service and their views were taken into consideration. This was done in informal ways through regular contact with staff and the management but also through more formal annual care plan reviews and questionnaires. People said if they requested a call at a different time due to other commitments, the service was usually very good at accommodating this. Feedback from relatives had been taken on board by the service. For example they had wanted to communicate information about their relative to care workers, so the manager had re-designed the 'daily record of care form' to include a section for relatives to communicate any key messages. This showed the service respected and valued people's views. Staff were able to confidently describe to us how they promoted choices amongst people, including those who lacked capacity. It was clear people were involved in decision making to the maximum extent possible and care was highly person centred.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this. The management and staff demonstrated they took the time to truly understanding each person's specific needs and preferences and develop a package of care centred around the things that were important to people.

## Is the service responsive?

### Our findings

People and relatives said care was of a high standard and met people's individual needs. People said staff arrived on time, completed all required care and support tasks and that the service was very reliable. One person said, "No issues with the time, they always turn up." Staff we spoke with all said they were confident people received high quality care. One staff member said "the standard of care is excellent, people are very happy".

People's care needs were assessed prior to using the service to allow the registered manager to make a decision as to whether needs could be met. Once a person was accepted, this information was then used to produce detailed care plans which provided step by step instructions for staff to follow at each visit. These provided information on people's likes, dislikes and preferences and assessed their needs in a comprehensive range of areas. Social and religious needs were also considered as part of care planning. Staff praised the care plans and said they were easy to follow. We saw most care plans were up-to-date and relevant, although we identified that two care plans required updating now people's needs had changed. However we identified that staff knew the new regimes well and therefore this had not had an impact on the support people received.

Daily records of care provided evidence that care and support needs were met. These demonstrated that people received calls at a consistent time each day and staff stayed with people for close to the agreed call time. This helped ensure appropriate care was delivered.

We saw staff had responded to people's changing needs to help them achieve good health outcomes. For example one person had developed a pressure sore and the service had worked with health professionals to co-ordinate visit times to maximise the person's recovery, addressing both skin integrity and nutritional risks. This had resulted in a marked reduction in the size of the pressure sore. A staff member said, "[Person's] new plan is brilliant, so much better and they are back to their normal self."

Annual reviews of care took place involving people and/or their relatives. We saw the views of people and their relatives were recorded and used to make any changes to the care and support package. This helped ensure responsive care.

The registered manager explained how they tried to promote the involvement of people who used the service. People were kept informed about the service through a monthly newsletter. This provided advice on a range of subjects including the Mental Capacity Act, staying safe and a range of medical conditions. People and relatives had been invited to staff training sessions so they could see how staff were trained and enter into dialogue with the service over their views on future training needs. The registered manager explained how they had previously tried to organise a minibus trip to Bolton Abbey but the uptake had been poor. They had plans to engage and plan events with a number of people, including a trip to the pub where people could get together and enjoy a chat and a few drinks. This demonstrated the service was committed to maximising people's involvement in the service and provide them with suitable social opportunities.

Most people said they had no cause to complain and were very satisfied with the service. They said that they were confident any complaints they made would be taken seriously by the registered manager. One relative said they had made a few minor complaints, but that "any small concerns, ring the office and it's sorted." They told us that they had received feedback following the issues they had raised, to inform them of the improvements put in place. Complaints records were kept which showed a low number of complaints had been received, and those that had, had been responded to appropriately in a timely manner. A significant number of compliments had been received and these were kept on file so the service knew the areas it exceeded expectations.

## Is the service well-led?

### Our findings

People all spoke positively about the overall quality of the service and said the service was reliable, effective and well managed. One relative said, "Very good, very helpful, not perfect but they do the job they are expected to do". Another relative said, "It all functions very well, they use their common sense." Another person said "I find them all very good, some of the carers are extremely good."

A registered manager was in place. They were supported by administration staff and senior care workers who helped ensure the service operated to a high standard. People all spoke positively about the registered manager. They all knew who the manager was and told us they had regular contact with them. One person said, "The manager is great, first class." A relative said, "The registered manager and I keep an open dialogue any queries he is straight on it."

Staff said they were proud to work for the service and would recommend it to their own families. One staff member said, "Excellent care to the highest standard." Another staff member said, "Lots of staff have worked there for a long time, it's like a family." A third staff member said, "I think they are brilliant, all staff are well trained and compassionate." Staff said the manager "listened and made changes" should they suggest something that needed improving such as changes to rotas. One staff member said, "I am treated fairly and they listened to me." Most staff said communication with the office was good and they were welcome to pop into the office for a chat anytime.

Rotas' were well organised with plenty of time for staff to arrive on time and stay with people for the agreed amount of time. Staff were paid per shift rather than per call, and this included time to travel. This reduced the risk staff would rush and helped ensure a high quality service.

The service was in the process of diversifying to provide services to people living with learning disabilities. We saw tailor made training had been provided to staff in these areas and care and support plans were tailored to people living with learning disabilities. We felt assured a measured approach was in place to develop this area of the service, ensuring training and expertise was in place before care and support was delivered.

Systems to check and monitor the service were in place. This included checks of medicine administration records (MAR), food charts and daily records by the registered manager on a monthly basis as they came back into the office, although some of these checks could have been structured in a more formal way. Spot checks on care workers practice also took place four times a year where a comprehensive range of areas were looked at. This included the completion of documentation, staff appearance, dignity, medicines management and overall competence. This helped monitor the standard of care provided. Incidents and accidents were logged and audited on a monthly basis to check that appropriate action had been taken. We saw learning had taken place from one recent accident showing the service was committed to continuous improvement.

The service was in the process of completing the Skills for Care "good and outstanding" audit which

benchmarked its performance against CQC requirements. This would help the service map and further improve its future performance.

Weekly meetings were held with the management team where each client was discussed and whether any changes to the service provided. This helped ensure it was responsive to people's individual needs. Provider level meetings were held where any operational issues were discussed to improve the service such as safeguarding or any client feedback. This helped provide assurance to the provider on how the service was operating.

Periodic staff meetings were held. These were an opportunity for quality issues to be discussed with staff. Two staff said they wished more staff meetings were held as these were a good opportunity to get together and discuss any minor issues.

People's feedback was regularly sought by the service. The registered manager was very hands on and worked with people which meant they were able to get feedback from people informally. Annual surveys were also completed. We looked at the most recent which showed most people were very happy with the service with 11 Excellent, 12 very good, 3 good and 2 satisfactory responses. A service improvement plan had been put in place following the survey which addressed the minor areas for improvement. This showed peoples comments were acted on. Some comments included: "Staff are always positive and invariable cheerful." "I asked them to no come before 9.30 and now they have done as I asked," "I have been particularly impressed with the effective personal response to any slight issues I have raised."