

Good Companions (Cumbria) Limited

Good Companions Care at Home Agency

Inspection report

Beverley House
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Carlisle
Cumbria
CA1 3RY

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22 August 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 22 August 2017 and was announced.

Good Companions Care at Home Agency provides support people to live as independently as they can in in their own homes. Support includes personal care, shopping and cleaning. The office base is located in a residential area of Carlisle. At the time of our inspection Good Companions Care at Home Agency provided support to over 60 people.

At the last comprehensive inspection in May 2015 the service was rated overall as good. However the safe domain required improvement as there was a breach of regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Although the registered manager had taken action where there had been a safeguarding concern, they had not notified safeguarding issues to the Care Quality Commission (CQC) as required.

This breach was met on this inspection and notifications had been sent to CQC as required.

We spoke with people who received a service and their relatives. People we spoke with told us they felt safe and well supported. They told us they received patient and attentive care and they liked the staff who supported them.

People told us they had been visited by the registered manager or assistant manager before their support began who carried out an assessment of their needs. They said staff were polite and respectful, patient and caring. There were procedures in place to protect people from abuse and unsafe care. Staff were familiar with these.

We saw risk assessments were in place for each person and for their environment. This provided guidance for staff and kept people safe.

Staff followed the medicines procedure and supported people with medicines safely. People able to manage their own medicines were encouraged to do so.

People told us they were usually supported by the same few staff who they knew and liked. Only in an emergency were staff who did not usually assist them sent to support them. People told us they had confidence in 'their staff team' as they knew how they liked to be supported and cared for them in the way they liked.

Staff had the skills, knowledge and experience needed to care for people. Recruitment was robust and staff told us the training was useful and informative.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice.

Staff supported people to have a good diet. They assisted or prepared meals and drinks for them.

People who received support or where appropriate their relatives, were involved in planning and amending their care plans. Their consent and agreement to provide care were sought.

People who used the service and their relatives told us they knew how to make a complaint and were given opportunities to discuss any concerns.

Senior staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. Audits of care records and risk assessments were carried out regularly.

People told us the registered manager and staff team were approachable and supportive and listened to their views.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were suitable procedures in place to protect people from the risk of abuse. The registered manager notified CQC as required if a safeguarding concern occurred.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medication processes were in place to reduce the risks of poor medicines management and where the service administered medicines.

Is the service effective?

Good ●

The service was effective.

Staff were sufficiently trained, skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The registered manager and staff were aware of and understood their responsibilities and the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink and have good nutrition and appropriate healthcare.

Is the service caring?

Good ●

The service was caring.

People were praising of the care and support they received and were treated with kindness and compassion.

People were involved in making decisions about their care and the support they received.

Staff knew and understood the likes, dislikes and preferences of people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. These reflected their preferences, needs and wishes.

Care plans were personalised, involved people and where appropriate, their relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

The registered manager encouraged people they supported and where appropriate, relatives to give their views, suggestions and comments about how the service could improve.

There were a range of quality assurance audits to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Legal obligations, including conditions of registration from CQC and informing CQC of any notifiable incidents were understood and met.

Good Companions Care at Home Agency

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 checked whether the provider was 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 visit took place on 22 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a personal care service to people who lived in their own homes. We needed to be sure that we could access the office premises and to speak with people.

The inspection team consisted of an adult social care inspector.

Before our inspection on 22 August 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people who were supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we went to the office premises and spoke with a range of people about the service. They included seven people who used the service and the relatives of three people, the registered manager, provider and five staff members.

We looked at the care records of three people, training and recruitment records of three staff members and records relating to the management of the service. We spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people supported by Good Companions Care at Home Agency. They told us they felt safe and cared for by the staff who supported them. They told us the same few carers almost always provided their care to support them so they were familiar with their care needs. One person said, "I am very pleased with my carers. They really look after me and make sure I am safe before they go." Relatives felt reassured their family member was safe and cared for. A relative said, "I know the staff look after [family member] well."

At the last comprehensive inspection on May 2015 notifications were not always sent to CQC as required when a safeguarding incident had occurred. We saw they had been sent in consistently after the last inspection. We spoke with the registered manager who told us they were fully conversant with the steps needed if a safeguarding concern occurred and informed relevant people promptly.

The registered manager had procedures in place to minimise the risk of unsafe care or abuse. Staff told us and training records confirmed they had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

Risk assessments were in place for each person who received support and their home environment. These provided guidance for staff, assisted them in providing the right care and reduced risks to the person and to staff. There were procedures in place for dealing with emergencies and unexpected events. We saw emergencies, accidents or incidents were managed appropriately. Senior staff monitored accidents for any contributing factors and took action to reduce these.

We looked at recruitment procedures and the files of three staff who had been employed by the agency. Staff told us their recruitment had been thorough and their induction informative. A relatively new member of staff told us they felt confident they had the skills to support people well once they had shadowed experienced staff and completed their induction. Application forms had a full employment history with gaps in employment explored and recorded. A Disclosure and Barring Service (DBS) Check had also been received. These checks are made by an employer to reduce the risk of employing unsuitable staff. References had been received and all checks completed before the new member of staff was allowed to start work.

We looked at whether there were enough staff to support people and if they had enough time on visits to support people. We spoke with people supported and their relatives and with staff, the registered manager and the provider. People told us the staff arrived on time, stayed the full length of time and carried out the support as agreed. One person said, "They do all I ask and more and always stay their full time." Staff told us they had enough time to support people. They said if they felt more time was needed to support people 'properly' they informed the registered manager who arranged additional support. We looked at staff rotas and checked staff had enough time to travel between visits. We saw they had sufficient time to safely get from one person to the next.

We looked at the procedures the service had in place for assisting people with their medicines. People told us staff supported them their medicines safely and as agreed. Records were completed appropriately and monitored and audited by senior staff.

Staff received medicines training and observations to make sure they supported people with medicines as they should. People told us they were prompted or supported to take their medicines safely. Staff we spoke with confirmed they had been trained to support people to take their medicines. Training records confirmed this.

Is the service effective?

Our findings

People told us staff were aware of and usually familiar with the way they wanted their support provided. They were aware that staff were trained in different areas of care. One person said, "You can just tell they get all sorts of learning."

We spoke with the registered manager and five staff and checked staff training records. Records showed staff received frequent training. The registered manager was clearly passionate about training and had completed additional training herself to assist her teaching the staff team. Staff told us their training was relevant, interesting and informative. They said the registered manager also sought out a variety of training courses to help them to increase their skills and knowledge. Staff new to care work were supported to complete the Care Certificate. One member of staff told us, "The induction I had was fabulous. It covered so much. And my training didn't stop there."

Care plans seen confirmed people's dietary support had been assessed and documented. Visits were arranged around assistance with preparation of meals where needed taking into account their preferences. We saw staff had received training in food safety and safe food handling practices.

People said staff supported them to contact health professionals and to attend healthcare appointments if needed. One person said, "They are very good if I need help with phoning."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff were aware of the process to assess capacity and the action they needed to take where a person lacked capacity to make a significant decision. This meant they were working within the law to support people who may lack capacity to make their own decisions. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

Records seen and staff spoken with confirmed they received regular formal supervision and appraisal to discuss their performance and development. This gave them the opportunity to discuss any ideas, concerns or development needs. Staff told us they received 'fantastic' support by senior staff and could 'ask for help or advice at any time.'

Is the service caring?

Our findings

People we spoke with told us staff were caring and considerate. They said they were pleased with the support they received. One person told us, "Anything I ask them to do they'll do it. They are brilliant." We asked them if they knew the staff who supported them. One person said, "The carers I have are great. I know them all well." Another person said, "We usually have the same group of carers. They are very good." People told us they were happy with the staff who supported them and how they cared for them. One person told us, "I couldn't get better than these. They are brilliant."

Staff knew how people wanted their care provided and their personal care needs and preferences. One member of staff said, "I get enough information about people's needs and about them so I can chat with people when I support them." We asked people and their relatives if staff had enough time on visits to support them as they needed. They said the visits were not rushed and staff had the time to carry out agreed tasks and support. Staff said they were given enough time to provide the care and support people needed at each visit and to travel from one visit to another.

We looked at three people's care records. We saw people had been involved in planning their care and updating their care plans. We saw their personal information was accessible to them. These included information about people's care needs, any risks for the person or in the home and their likes and dislikes. Staff told us they made sure people's human rights were considered when they provided care. They respected people's right to make choices about their daily life. They were aware of and responded to each person's diverse cultural, gender and spiritual needs and met them in a caring and compassionate way. People told us staff were aware of their individual needs and met them cheerfully. A relative told us, "The girls will encourage [family member] in a lovely manner. We look forward to them coming."

Staff were aware of people's individual needs around privacy and dignity. People told us staff spoke with them in a friendly and polite way and respected their privacy. One person told us, "The staff are respectful and have regard for my dignity when assisting me." Another person said, "All the carer's are nice, polite, friendly and respectful." A relative told us, "I am delighted in the way care is given by staff. They are compassionate, respectful and dedicated."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

People we spoke with told us senior staff had checked they could meet their needs before they provided care. These assessments provided enough information for staff to begin to support people. We asked people if staff arrived on time, stayed as long as they should or missed a visit. They told us that staff were almost always on time, and let them know if they were going to be delayed. All spoken with said Good Companions Care at Home staff had never missed a visit. One person said, "They are very much on time. Wonderful girls." Another person commented, "My carers are very good, arrive on time and are cheerful and friendly." A relative said, "They usually arrive within a few minutes of the time agreed, which is fine by us. We are not going anywhere."

People told us their carers made it possible for them to remain at home and know they had regular visits and support. They told us staff supported them with personal care and to keep up with jobs they could no longer do. One person said, "I am getting more care soon but I want to stay with Good Companions because they are so good." Another person said, "I rely totally on the carers. They are fantastic and will do anything to help me." People told us they were able to make changes to the care and support they received. They told us they found 'the office staff' helpful and pleasant.

People told us they were able to change carers if they did not relate well to them. One person said to us, "I didn't get on with one of the carers so they swapped them with one I get on with. We agreed that they could come in an emergency though, but that has only happened once." A relative said, "We tell the office staff if [family member] doesn't want one of the carer's and they stop them coming."

We saw the service had procedures in place to respond to emergencies. There was an on call system that went directly to senior staff. Staff told us they always got a prompt and positive response to any requests for help. A relative told us their family member had called Good Companions on call for help and the person on call had arrived within minutes.

We looked at three people's care records. These were personalised and provided guidance on how staff supported people with their personal care and usual routines. These were regularly reviewed and updated in response to any changes in care or circumstances. We saw people had been involved in planning their care and how they wanted this provided. Staff said they were given information promptly about changes in people's care so they had up to date information about their needs.

The service had a complaints procedure which was made available to people they supported and relatives involved with the person's care. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. When we carried out this inspection no complaints had been referred to CQC or received by the service. People we spoke with said they were satisfied with the care they received and had no complaints. People said they could talk with the staff or managers and would be listened to and action taken. They told us where there had been an issue this had been dealt with to their satisfaction. One person said, "I have never had any complaints and the manager deals with any little niggles quickly and without fuss."

Is the service well-led?

Our findings

People were complimentary about the support they received. They told us staff and managers were approachable and easy to contact. One person said, "[The registered manager] rings to check everything is good." Another person commented, "The manager keeps on top of everything and runs everything well. I am very happy with how it is run." A relative told us, "They are easy to contact and do their best to make sure things are spot on."

There was a registered manager 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.

The registered manager understood their responsibilities and was supported by the provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

There were systems in place to assess and monitor the quality of their service and the staff. The management team sought the views of people who received support and their relatives. Telephone contact and monitoring visits were completed frequently by senior staff. These confirmed staff were punctual, polite and respectful provided care as people wanted and stayed for the correct amount of time. Checks on medication, care plans and risk assessments were also carried out to make sure these were completed correctly. Any issues found on audits were acted upon and any lessons learnt to improve the service discussed with staff.

People told us and surveys confirmed people were satisfied with the care and support they received. We saw the agency's recent survey responses. People's comments included, 'I would be lost without the girls. They are brilliant.' and 'They go out of their way to sort anything out.' And 'I couldn't have managed without you I expected very high standards and got them.' A relative commented 'I can go on holiday with no worries. It relieves pressure on me.'

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Staff told us the registered manager and senior staff were very supportive and approachable and cared about them as well as their clients. One member of staff said, "I was too scared to approach the manager in my last job but this is so different. [Management team] are just so easy to talk to and helpful. They are incredible." Another member of staff told us, "The care is good, the manager's brilliant and I will be staying here for a long time."

Staff meetings were held to involve and consult staff. Staff spoken with told us the team meetings were held on a regular basis. They told us they were able to suggest ideas or give their opinions on any issues.