

We are The Care Company Limited

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Inspection report

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Date of inspection visit:
03 May 2019

Date of publication:
05 June 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: We are the Care Company are a domiciliary care provider that supports people in their own homes. The company currently supports 140 people, 66 of whom receive personal care that is subject to regulation by the Care Quality Commission. The provider supports people with re-enablement following discharge from hospital and supports carers in conjunction with the local carers centre.

The registered office is in an accessible building near local amenities.

People's experience of using this service: People were safeguarded from harm by staff who were trained to recognise and report any signs of abuse. People were supported by sufficient staff and risks to people's safety were assessed. People were supported by staff who were trained to administer medicine and promoted good infection control. If accidents or incidents occurred these were reviewed by the provider.

People's care needs were assessed by the provider and information from other professionals was utilised to ensure continuity of care. Staff received training relevant to their role and supported people with meal times and accessing health care as required. The principals of the Mental Capacity Act (2005) were met.

People felt well treated by the provider and were able to express their opinions. People's dignity was protected as staff were trained to carry out tasks in a sensitive way.

People's care was tailored to their specific needs and people were given information about their care provision on a weekly basis. People knew how to make a complaint and raise a concern and there was a system in place to ensure any investigations happened. People were supported by the provider as they approached the end of their life and care plans were revised with other involved parties.

People told us that they felt they received a good service and that their feedback was frequently requested. Staff were confident they understood the roles of various people in the organisation. People were engaged with the service and the provider engaged with wider networks and partnerships to learn and improve the service being offered.

We have rated this service as good. More information is in the full report

Rating at last inspection: At the last inspection the service was rated as good. (Report published 28 November 2016)

Why we inspected: This was a planned comprehensive inspection carried out in line with our inspection methodology.

Follow up: We will continue to monitor the service and any intelligence received. We will inspect the service as required under our inspection methodology.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

We are the Care Company Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: We are the Care Company is registered to provide personal care to people living in their own homes. The service currently supports adults with learning disabilities and/or autistic spectrum disorder, older people and people with a physical disability. The service is also registered to support children between the ages of 0 and 12 however they have not worked with children for some time.

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

Notice of inspection: We gave 48 hours' notice of the inspection to ensure the provider was able to meet with us at the registered office.

What we did: Prior to the inspection we reviewed the intelligence we held about the service. This included the Provider Information Return (PIR) which providers are required to send us. The PIR includes key information about their service, what they do well, and improvements they plan to make. Providers are also required to notify us of specific events which include, safeguarding concerns, events that stop a service and deaths. We reviewed all the notifications we had received since the last inspection.

As part of the inspection we spoke with six people who used the service and one relative. We spoke with six staff members including support workers, field supervisors and the registered manager and looked at 4 staff

recruitment files. We looked at five care files and numerous records held by the service. These included the training records, complaints, audits and actions plans.

We also contacted a number of professionals working with the provider to allow them the opportunity to share any relevant information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse by staff who were able to recognise and report both potential or actual harm. Staff discussed safeguarding procedures as part of their induction and had access to the organisations policies and procedures.
- Staff all told us that they were conscious of people's privacy when they were in people's homes but would always discuss with the Registered Manager, if they noted anything of concern. The registered manager informed us that staff would ring them with any worries and if necessary they would share them with the local authority.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed as part of the initial assessment process and reviewed as and when needs changed.
- Risks to people's health were frequently assessed by external professionals who were also working with the person. For example, dementia or nutritional specialists. Information received was shared with the staff team to ensure they knew how to support people safely.
- Environmental risk assessments were completed in each person's home to ensure staff were safe and aware of any potential hazards.

Staffing and recruitment

- People were supported by sufficient staff to meet their needs. All persons spoken to confirmed that care calls were always covered when an allocated staff member was unable to fulfil their rota.
- Staff were recruited following safe recruitment procedures. The provider assessed the applicant's education, employment history and character before a position in the organisation was confirmed.
- People told us they were given a rota of who was supporting them each week and usually had consistent staff. One person told us, "Any changes to my rota are always communicated with me, I don't like the changes, but I understand they do happen, and the office always try to replace staff members with ones that I know."

Using medicines safely

- People who required their medicine to be administered for them, were supported by staff that had received the relevant training. The provider ensured that staff had additional training in specific medicine, such as warfarin.
- Medicine agreements were put in place as part of the care plan development to ensure staff knew what their role was in supporting people with their medicine and the medicine they needed to give people.
- One person told us, "I can manage my own medicine however if I am unwell the staff will help me by picking up my prescriptions. It's all written up in my medicine agreement."

Preventing and controlling infection

- Staff all had access to personal protective equipment (PPE) such as aprons and gloves. Staff were required to use PPE when completing personal care to reduce the risk of communicable illness.
- We observed conversations between the management team and the staff asking if they had enough PPE supplies and we saw staff coming to the office to pick up extra gloves.
- Field supervisors carried out spot checks on staff to ensure they were following infection control procedures.

Learning lessons when things go wrong

- Accident and incidents were reviewed by the management team as and when they occurred. The team updated people's care plans and risk assessments if something was identified as a result of the analysis.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed at the point of referral and a care plan was developed prior to support being delivered. One staff member told us, "The assessments are always done before we start working with someone. The team make sure we know what is expected of us and what tasks we have to complete with people."

- People had access to their full care plan and details of any agreements in place. People could share their care plan with other professionals or family members if they wished as they were kept in the persons home.

Staff support: induction, training, skills and experience

- People told us the staff had received the necessary training to support them and that new staff shadowed more experienced staff when they first started.

- We reviewed the training matrix for the service and looked at some of the training resources used. We saw that staff completed face to face as well as distance learning courses and completed competency assessments at the end of each course.

- The provider had invested in specialist equipment to support staff to gain practical experience in delivering care to people. For example, in the training room we saw a range of moving and handling equipment that was used on courses.

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

- People who required support with meal times had allocated time built in to their care plan. One person told us, "The staff help with my breakfast every morning, but I manage the other meals myself."

- Staff told us, "We always check people have had a drink when we visit and for some people with poor mobility, we make sure they have drinks they can reach when we leave."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by the provider to communicate their changing needs with other agencies and receive the care they required.

- We observed the provider contacting the local authority on a person's behalf to request an increase in support hours. The person had been recently discharged from hospital and needed further support so had asked the provider to assist them. After several phone calls were made the increase was agreed and the information was fed back to the person.

- Some people were supported by more than one agency during the week and the provider shared information to ensure continuity of care.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes and therefore responsible for their own space.
- The provider assessed people's environment and discussed any areas of concern before the support commenced.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care as required. Depending on the level of care being delivered people were supported to access services such as, the community matron and their GP.
- The provider had invested in mobile devices to ensure staff were able to access people's key information, as well as be able to contact services in an emergency.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA and found that the local authority completed assessments around consent to care being delivered and shared this information with the provider. The provider participated in best interest discussions when it was deemed someone may not be able to make a particular decision.
- The provider was not aware of anyone they supported being subject to any community restrictions.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt well treated by the staff and complimented the staff on their approach. One person told us, "The staff are lovely". Another person said, "I'm very well looked after."
- We observed one staff member visiting the office with a supported person and interacting with them in a way that accommodated the person's sense of humour and known interests.
- One staff member told us, "We have to do our work, but we are not rushed. If I went to visit someone who was unwell, I would call the office and my next calls would be covered so that I could stay with the person until the ambulance or family member arrived."

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

- People told us they were involved in decisions about their care and that staff did not do anything without their consent." One person told us, "Staff always ask me and wouldn't try to do things without my say so. If they did I would tell them straight or contact the office and tell the manager."
- Staff were able to explain how they ensured people were involved in discussions about their care. We observed staff in the office speaking to people throughout the day making changes as requested and representing people's view point when speaking with other professionals.

Respecting and promoting people's privacy, dignity and independence

- People received care in the privacy of their own home. Before working directly with people new staff received practical training in how to deliver personal care. The provider had acquired specialist training equipment that allowed staff the opportunity to practice a number of key tasks. This ensured the staff knew how to complete sensitive tasks, such as changing someone who was restricted to bed rest, in a dignified manner.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the experienced staff knew their ways and how they liked their support to be delivered. One person told us, "The experienced staff tell the new staff how I like things to be done, as it's the little things that make all the difference"
- People's protected characteristics such as their race, sexuality and religion were recorded in their care plans. Where necessary the provider would try to match people with staff who shared similar characteristics or interests, to enhance the development of relationships.
- People had consistent access to information about their care, as the main care plan was kept in the persons home. People received their rota each week that told them who would be supporting them. Rota's were sent to people in the format that best suited them. Some people liked to come to the office to collect their rota. Other people received it via post or email.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a concern or complaint and had no hesitancy contacting the registered office to discuss any issues that occurred. One person told us, "I've never really had to complain but whenever I have rung the office to discuss something that needs changing, they always respond."
- In the office we saw that the registered manager kept a complaints log and recorded the details of all complaints received and the actions taken to resolve.
- Staff told us that when they carried out quality checks they always asked people if they had any concerns. One staff member told us, "I like to find out if there are any little grumbles. That way I can ensure we resolve things quickly and not let them escalate."

End of life care and support

- People continued to receive care from the provider as they approached the end of their life. At the time of inspection there was one person whose care had been tailored to support them during this phase.
- Health professionals and the local authority led on the development of a persons end of life care plan. The provider ensured staff were aware of the details and provided the support as directed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they received the care they required, and their needs were met by the provider. One person said, "I have had different agencies in the past, but these are ok, I get everything I need, and they are good to me."
- People were encouraged to provide feedback on the staff at regular intervals and had the opportunity to nominate staff for an award. We looked at some of the reasons staff were nominated and saw comments such as, "I trust [staff member] in my home", "[staff member] always goes the extra mile" and [staff member] has a positive impact on my day."

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

- Staff told us they were very clear of the roles in the organisation and who did what.
- Staff attended supervision meetings and their practice was spot checked at regular intervals. This ensured the staff were able to receive feedback on their performance as well as ensuring they developed in their role.
- People generally received their care on time however there was a system in place to ensure the provider was alerted if anyone was late for a care call and/or left early. If staff were consistently late for calls then an investigation was held into the reasons why. For example, to see if the previous calls were over running due to changing needs.

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

- People's feedback was obtained on a frequent basis and information received was reviewed to inform future care planning. One person told us, "They do ask what we think when they do their checks, but I can ring them anytime if I need to. If I don't click with a certain person, then they do listen and try not to send them."
- Previously the provider had matched people with staff who shared a characteristic such as speaking Welsh. This was to ensure the person was able to get engaged as fully as possible with the care provided.

Continuous learning and improving care

- The provider had introduced a number of new systems, including electronic care plans and real time care monitoring to try to improve the service being delivered. Staff told us, "The new systems are great as we have instant access to information and if we need to check something it is really easy."
- We were advised that the provider was an active member of provider forums and was always willing to get

involved in service development.

Working in partnership with others

- The provider worked in partnership with a number of different agencies including specialist nursing teams, carers groups and social work teams.
- We reviewed the feedback received from one of the agencies who explained they worked well with the provider and together they were going to be looking at new ways of recording outcomes and gathering feedback.