

Caring Companions Homecare Limited

# Caring Companions Homecare Limited

## Inspection report

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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

Relatives told us the staff were exceptionally kind and caring and had a compassionate approach to the people using the service. One relative said they could often hear their family member 'talking and laughing' with the staff and they found this reassuring as it meant their family member was happy.

People using the service were matched with staff on the basis of their gender, language, and other preferences. Relatives told us their family members usually had the same staff which gave them the opportunity to get to know them. They also said that staff arrived punctually and stayed for their allotted time and records confirmed this.

Staff had had the training they needed to provide effective care. All the staff we spoke with were caring and valued the people using the service. They understood people's social and health care needs and ensured their cultural and other preferences were respected. Staff treated people with dignity and helped them to be as independent as possible.

Some people using the service needed support to eat, drink and maintain a balanced diet. Staff understood the importance of giving people choice about what they ate and drank and care plans reinforced this. Records showed they prepared culturally-appropriate meals in line with people's preferences.

Staff told us they got to know people's needs by reading care plans and talking to the people using the service and relatives about how they would like the support provided. Care plans were personalised and focused on people's views and preferences. They also contained interesting information about the person in question including places they had lived and previous occupations. This meant staff could talk with them about their lives if the people using the service wanted this.

If people had anything they wanted to do to improve their quality of life staff advocated for them. For example, one person told staff they would like to go out into the community more often. Staff addressed this by involving an occupational therapist via the local authority so that access issues could be addressed and the person could go safely.

All the relatives we spoke with said they were extremely satisfied with every aspect of the service and made many positive comments about it. They told us they were regularly asked for their feedback on the service. Results of the service's 2015 surveys showed that all respondents were happy with all aspects of the service.

Staff told us they the registered manager/provider genuinely cared about the people using the service. The registered manager/provider was in contact with all the people using the service and their relatives which gave him an overview of how the service was running.

## 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.

Relatives told us they trusted their staff to keep their family members safe.

Staff knew what to do if they had concerns about the well-being of any of the people they supported.

There were effective systems in place to manage risks to people.

Medicines was safely managed and given to people at the right times.

### Is the service effective?

Good ●

The service was effective.

Staff had the training they needed to provide effective care.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and understood people's rights in relation to consenting to their care and support.

Staff supported people to eat, drink and maintain a balanced diet.

Staff ensured people accessed healthcare services when they needed to.

### Is the service caring?

Good ●

The service was caring.

Relatives told us the staff were caring, kind, and thoughtful.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

The service's complaints procedure advised people that complaints were welcomed as they gave staff the opportunity to improve the service.

### Is the service well-led?

Good ●

The service was well-led.

People reported a high level of satisfaction with all aspects of the service.

People's views on the service were sought using a range of methods, including questionnaires and care reviews.

The registered manager/used a quality assurance system to review and audit the service.

# Caring Companions Homecare 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.

This inspection took place on 18 March 2016 and was announced. We gave the provider 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of the needs of people using domiciliary care services.

We used a variety of methods to inspect the service. We spoke with the relatives of four people using the service, the provider/registered manager, and four staff employed as care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of three people using the service.

# Is the service safe?

## Our findings

All the relatives we spoke with said they trusted the staff and thought their family members were safe with them. Staff had been trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people who used the service. The registered manager/provider had the appropriate policies and procedures in place to protect people from abuse.

The registered manager/provider had included information on safeguarding in the service user guide and staff handbook. This helped to raise awareness on safeguarding amongst the people using the service, relatives, and staff. Records showed staff had annual training in safeguarding to keep them up to date with good practice in this area.

The staff we spoke knew who to contact both in and out of the service if they had a safeguarding concern. The registered manager/provider's safeguarding documentation included the phone numbers of agencies who had to be notified if a safeguarding incident occurred, including social services who take the lead in safeguarding investigations. This meant the service was well-equipped to safeguard the people who used it.

Relatives told us staff protected people from risk. For example, two relatives told us how staff used appropriate moving and handling equipment and techniques to support their family members to move about their homes safely. Staff understood the areas the people they supported might be at risk and what to do to minimise this.

Records showed detailed risk assessment were in place for all the people who use the service. These were individual to each person and covered areas such as 'transfers', 'medicines management', and 'falls'. The registered manager/provider assessed the level of risk and put measure in place to minimise it. So, for example, for one person at risk during moving and handling the registered manager/provider had put in place detailed step-by-step instructions to staff on how to do this safely. This included a user-friendly poster for staff reminding them of which colour sling to use for each transfer. People's homes were also risk assessed to help ensure they were safe for the people using the service and staff.

Staff told us that if people's needs changed, and they appeared to be at increased risk in any area, they reported this to the registered manager/provider so their risk assessments could be reviewed and updated as necessary. Records showed this was done which meant that the registered manager/provider took prompt action to keep people safe.

Relatives told us the service employed enough staff to meet their needs. Some people using the service had 'double up calls' when two staff supported them. Relatives said two staff were always supplied on these occasions.

The registered manager/provider employed a staff team of eight which included two bank staff who supplied holiday and staff sickness cover when required. The registered manager/provider also worked for the service and said he could do extra hours if staff cover was needed. He said there had never been a

problem with a lack of staff since the service began operating, but he did have a business contingency plan if there ever was which included the use of agency staff. This meant that people could be assured there were enough staff to meet their needs.

We looked at two staff files to see if the staff employed had been safely recruited. These records were well-organised and included a checklist so it was easy to see if all the required documentation was in place. We found that the registered manager/provider had carried out all the necessary checks to help ensure the staff employed were suitable to work with the people using the service.

The registered manager/provider used 'values based' recruitment methods to select staff to work for the service. Values based recruitment and retention is about finding and keeping staff who have the right attitude to work and know what it means to provide a high quality service. The registered manager/provider told us he asked candidates to put themselves in the position of the people using service to see if they understood their perspective. This helped to ensure that the staff employed had an empathetic approach and would be suitable to work for the service.

Relatives said their family members received their medicines safely and staff signed to say they had taken it. This meant that people using the service, relatives, and staff could confirm that medicines had been given on time.

Records showed staff were trained in medicines administration. Once they had completed their training a senior member of staff checked their competency, and they had further competency checks every few months which were recorded. As a result the registered manager/provider was able to see that staff continued to have the skills and knowledge they needed to manage people's medicines in a safe way.

The registered manager/provider told us that at present staff were responsible for 'prompting' people to take their medicines. When they did this staff completed a MAR (medication administration record) to show the type and amount of medicine given and at what time and date. Each person's records included a list of all the medicines they had been prescribed so this could be shared with authorised healthcare professionals if necessary, for example if the person needed to go into hospital.

The registered manager/provider had taken action when there had been delays with people's medicines. For example, he had recently intervened when one person's medicines hadn't arrived due to a mix-up between the GP surgery and the chemist. To resolve this, the registered manager/provider went to the GP to get the prescription re-issued, took it to the pharmacist for dispensing, and then to the home of the person in question. This was an example of staff taking prompt action to ensure a person had the medicines they needed on time.

## Is the service effective?

### Our findings

Staff told us they were satisfied with the training they received. One staff member said, "We have regular training updated every year. Proper training [including] moving and handling, medicines administration, infection control, and health and safety." Another staff member commented, "I am grateful for their help and training and hope to go into nursing."

Records showed staff had a thorough induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example end of life and dementia care. These were recorded on the home's training matrix and updated as necessary.

The registered manager/provider was a qualified moving and handling trainer and the service had a fully-equipped training room with its own moving and handling equipment kept for training purposes. This helped to ensure that staff could meet the needs of the people using the service who required assistance to mobilise.

The registered manager/provider had developed a series of information sheets to help staff understand the medical needs people might have. Subjects cover included strokes, diabetes, high blood pressure, asthma, and heart conditions. The registered manager/provider said these provided an introduction to staff on these subjects and further training would be sourced from health care professionals and others as necessary.

Staff understood people's rights with regard to consent to care and treatment. One staff member told us they had been trained in the Mental Capacity Act 2005 (MCA) and in equality and diversity. They said, "It's not just words the agency supports these ethics."

The 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 supported 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. At the time of our inspection none of the people using the service were assessed as lacking the capacity to consent to the care the service provided. Consequently there had been no applications made to the Court of Protection to deprive people of their liberty.

The provider had a policy on the Mental Capacity Act (MCA) and staff had had training in this legislation. Records showed that people using the service were assessed, where necessary, with regard to decision-making. For example, one person was assessed as being able to make day-to-day decisions, but needed the involvement of a relative if a major decision needed to be made. This approach helped to ensure that the MCA code of practice was followed.

Some people using the service needed support to eat, drink and maintain a balanced diet. Care plans were

in place so staff knew how to do this effectively. These set out people's dietary needs and preferences and things they particularly liked, for example, one person's read, 'I enjoy having my hot chocolate and my favourite chocolate fingers.'

Staff gave us examples how they supported people with their nutrition and hydration. One staff member told us how they encouraged a person living with dementia to eat and said the person's family were pleased with how effective this had been. Staff understood the importance of giving people choice about what they ate and drank and care plans reinforced this. Staff were trained in food hygiene and records showed they prepared culturally-appropriate meals in line with people's preferences.

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in care plans so they could support people to be healthy and contact health care professionals if they were needed. Where necessary staff worked alongside health care professionals to help ensure the people using the service had their physical and mental health needs met.

The staff we spoke with understood people's healthcare needs and knew what they would do if they thought a person using the service needed medical attention. One staff member said, "[I would] talk to the family and the manager so they knew a doctor was being asked to come. My manager is very caring and he will make the calls if necessary." Another staff member told us, "[I would] phone the family and the manager, if the family cannot call the doctor we [staff at Caring Companions] can call on their behalf."

We found a recent good example of a person's healthcare needs being met. Records showed that a staff member noticed a person using the service appeared confused. They thought this may be due to an infection so they rang the person's GP who prescribed antibiotics. The registered manager/provider collected these from the pharmacist and took them to the person's home so they could start taking them immediately. This showed that staff had ensured this person had their healthcare needs promptly met.

## Is the service caring?

### Our findings

Relatives told us the staff were exceptionally kind and caring. One relative said, "I think they are brilliant." They said they could often hear their family member 'talking and laughing' with the staff which they found reassuring as it meant their family member was happy. Another relative commented, "[The staff] are hardworking, happy and friendly." "

Relative said the staff had a compassionate approach to their work. One relative told us, "They understand older people and their nature and behaviour." Another said, "The manager and the carers have empathy. [That is] noticeable with this company."

To help ensure the people using the service and the staff got on well the registered manager/provider carried out a 'compatibility assessment' to determine which staff suited which person using the service. This took into account language, gender, and other preferences. One relative told us the company initially would not supply care to her family member because it didn't have the right staff to meet his needs. They told us, "I always wanted this company but they would not take my [family member] on until they had enough staff and the right people."

The staff team was established which meant people had continuity of care as they were supported by staff who were familiar to them. Relatives told us their family members usually had the same staff which gave them the opportunity to get to know them. They said this helped staff to build positive caring relationships with their family members.

We asked staff how they got to know the people they supported. One staff member said, "I introduce myself, say why I am there, and then read the daily routine sheets. I then chat [to the person using the service] and put them at ease. They enjoy having me around. I enjoy working with the company as well they are very nice."

One staff member, who now worked as bank staff, told us how they had built a caring relationship with one person using the service before going away to study. They told us, "I had a good relationship with her for a year and leaving that client was very hard. I bought slippers to give her [as a goodbye present]. It was very hard to move on. When I come back [to Leicester] I make sure I visit her."

Another staff member told us that their skills in Asian languages helped them to win the trust of some of the people they supported who spoke Punjabi as a first language. They said, "First off I communicate in Punjabi. I talk to them even if they cannot respond. I also talk to their family and follow the care plan." People's care reviews also showed relatives were satisfied with how staff interacted with their family members. One read, "[I am] pleased that the carers are having a good chat with my [family member]."

The registered manager/provider knew all the people using the service and visited them regularly. He told us that one person using the service was a football fan and supported a particular team. As this person enjoyed talking about football the registered manager/provider collected news about this team including match

scores and dates of fixtures. This meant that when he met this person they could have a good discussion about the team's progress. This was an example of the registered manager/provider's caring approach.

The registered manager/provider also kept a list of people's birthdays in the office. He said that all the people using the service received a card, a gift, and a visit from staff on their special day. This was another way in which the people using the service were made to feel valued.

Relatives said that as far as possible their family members were actively involved in making decisions about care, treatment and support. For example, one relative told us that before the service commenced staff wrote care plans in conjunction with the person using the service and family members. This helped to ensure people were involved in decisions from the outset.

Relatives also said their family members had a copy of their care plan in their home and that the staff signed it at every visit. They told us that staff always checked with their family member before providing them with any support. One relative said, "They tell him [my family member] what they are going to do."

Records showed that people using the service and relatives had signed consent forms to show their agreement with the care being provided. They had also contributed to care reviews and agreed to any changes made to the way care was provided.

Relatives told us staff respected their family member's privacy and dignity and helped them to be independent. One relative told us, "They understand dignity." The results of the service's most recent quality assurance questionnaire showed that people using the service were satisfied that staff were polite, courteous and tidily dressed.

Records showed that if people had any cultural needs relating to personal care, for example preferred bathing routines, these were set out in care plans under 'equality and diversity'. This helped to ensure that people's cultural preferences were respected and they received dignified care.

## Is the service responsive?

### Our findings

Relatives told us the staff provided personalised care that met their family members' needs. One relative said, "The service is very good. [My family member] has improved a lot under the care of Caring Companions. I would award them 11 stars out of 10." Relatives also said that staff arrived punctually and stayed for their allotted time and records confirmed this.

Staff told us they got to know people's needs by reading care plans and talking to the people using the service and relatives about they would like the support provided. One member of staff said, "I read every detail and follow the care plan. I see the care plan before seeing the client. I also study other carers to see how they care for people." Another staff member commented,

"The care is very good and staff know what they are doing. The care is done how it is needed, according to the care plan."

Care plans were personalised and focused on people's views and preferences. They also contained interesting information about the person in question including places they had lived and previous occupations. This meant staff could talk with them about their lives if the people using the service wanted this. People were also supported with their hobbies, for example one person's care plan stated, 'I enjoy doing the crossword if you can help me with the crossword.'

If people had anything they wanted to do to improve their quality of life staff advocated for them. For example, one person told staff they would like to go out into the community more often. Staff addressed this by involving an occupational therapist via the local authority so that access issues could be addressed and the person could go safely.

Improvements were needed to one care plan for a person with mental health needs. It stated that the person could become 'confused' but didn't describe how that confusion might manifest itself. It also told staff 'to bear with' the person using the service but didn't say what they meant in practice. We discussed this with the registered manager/provider who agreed to review and improve this care plan as a matter of priority.

All the relatives we spoke with said they knew how to make a complaint if they needed to. Some relatives referred to having a 'booklet' from the agency that explained the complaints process to them. This was part of the service user's guide which was given to all the people using the service when they began receiving care.

Staff knew how to assist people if they wanted to make a complaint. One staff member told us, "If someone wanted to complain I would tell them to speak to my manager directly. And I would take it further if I thought the manager was not dealing with it." Another staff member said that if a person wanted to complain they would explain the service's complaints procedure to them and assist them if necessary to follow it.

The service's complaints procedure advised people that complaints were welcomed as they gave staff the opportunity to improve the service. The procedure stated, 'We do not wish to confine complaints to major issues. We encourage Service Users to comment when relatively minor matters are a problem to them, such as receiving cold food, or being kept waiting without explanation, or being spoken to in a manner that they do not like. It is our policy that all matters which disturb or upset a Service User should be reported, recorded, and corrective action should be taken. Only in that way can we work towards meeting our aim of continuously improving our service.' This demonstrated the registered manager/provider's willingness to listen and learn from people's experiences, concerns and complaints.

The complaints procedure also told people how to take a complaint outside of the service, if they felt they needed to, and signposted them to the relevant authorities including social services and the local ombudsman. Information on advocacy was included in case people needed support in making a complaint. This showed the openness with which the registered manager/provider operated the complaints procedure.

## Is the service well-led?

### Our findings

All the relatives we spoke with said they were extremely satisfied with every aspect of the service and made many positive comments about it. These included: "Everything is good and we are happy with it. So happy, no worries."; "They are always there for me. Once a month we talk everything over. Anything I need to talk about in between I just pick up the phone."; and, "They are absolutely excellent. I would never swap them."

Staff told us they thought the service was well-led. They said this was because the registered manager/provider genuinely cared about the people using the service. One staff member said, "Whatever you say to him he listens. If a client is not happy, a family says this and that, he always responds positively." Another staff member commented, "He is a really nice person and that is why I work with him. He really cares about the clients."

Staff also said they felt well-supported by the registered manager/provider. One staff member told us, "[The support is] very good, I am very happy, it [the service] is very supportive. Management listen to you. They have a positive outlook." Another staff member commented, "[The registered manager/provider] supports all the staff if anything needs sorting out, supplies etcetera. I am just very happy to work for him." All the staff we spoke with said they would recommend the service to a family member or friend if they needed a care service.

People's care was reviewed every one to two months and more frequently if necessary. The registered manager/provider carried out these reviews as he said he wanted to stay in touch with the people using the service so he had an overview of their care. Records showed that during these reviews the people using the service and relatives reported a high level of satisfaction with the care and support provided.

Relatives told us they were regularly asked for their feedback on the service. The registered manager/provider sent out quality assurance surveys to all the people using the service, relatives, and staff. These were staggered over a 12 months period so the registered manager/provider could get an overview of the service at different times during the year. We looked at the results of the 2015 surveys. These showed that all the people who had completed surveys were happy with all aspects of the service.

The registered manager/provider used a generic quality assurance policy and procedure to review and audit all aspects of the service and we saw records of this. During the inspection the registered manager/provider told us he was adapting this to make it more service-specific.