

Caring Companions 4 U LTD

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Caring Companions is a domiciliary care service providing care and support to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 18, mainly older people, were being supported with personal care.

People's experience of using this service and what we found

People and relatives felt the service was safe. The service was impacted by low staffing levels and the management team had been supporting with care calls to ensure people got the care and support they needed. Risks to people were managed effectively and people were safeguarded from the risk abuse. People's medicines were managed safely and people were protected from the risk of infection. Staff were recruited safely.

New staff completed inductions and shadowing to support people effectively. People had full assessments of their care needs in place and this information was readily available. People told us they were supported to eat and drink. The service worked with other agencies to provide effective care for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service put people and their care first. People told us they received person-centred care. The service was recruiting more staff to reduce staffing pressures. Staff received training and refresher training to ensure the best support for people. The service involved people and their relatives in their care. The service learned from incidents to improve outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 and 27 June 2019. Breaches of legal requirements were found in safe care and treatment and good governance. The provider completed

an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caring Companions on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 5 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 30 March 2022 and ended on 11 April 2022. We visited the location's office on 31 March 2022.

What we did before the inspection

We reviewed information from the service's last inspection and information we had received about the

service since then. This included notifications sent to us by the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four people's relatives about their experience of the care provided. We spoke with the two owners (one of whom was the registered manager and nominated individual) and four care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of written records including four people's care plans, three staff recruitment files and information relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to follow a safe recruitment process, to make sure detailed care plans and risk assessments were in place when managing medicines and to assess the risk of spreading infections. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People and relatives told us they felt the service was safe. One person said, "They are very good, I can't complain, and I do rely on them."
- People's care plans and risk assessments were in place available for staff to refer to. The registered manager and staff told us that care files were stored in the office and people's homes, or they could access a mobile phone app to see how to support people safely.

Using medicines safely

- Medicines were managed safely, however some care plans needed more specific information on support people required. We discussed this with the registered manager, and they sent us examples of where this had been updated with more information.
- Medication administration records highlighted important information such as allergies and GP information to help keep people safe.
- Staff received medicines training as part of their induction and received yearly competencies.
- People were positive about the support they received to take their medicines. One person stated, "They prompt me about my medication which is helpful and reassuring."

Preventing and controlling infection

- COVID-19 risk assessments were in place but were not always personalised. We discussed this with the registered manager who immediately began to update this.
- Staff told us they had received infection control training and that they knew to wear the correct PPE. PPE was always readily available for staff when they needed to re-stock.
- People told us that staff wore PPE. One person said, "They always wear PPE and even when they are giving me a shower."

Staffing and recruitment

- The provider recognised staffing pressures on the service due to current vacancies. The management team told us they contacted relatives in the event they were short staffed to ensure people were safe. One

relative told us they supported staff with care on occasion.

- The management team supported with care when the service was short staffed to reduce workload pressure on the staff team. This helped to prevent negative impact on people.
- We reviewed staff's recruitment files and saw the necessary checks had been carried out to ensure the staff employed were suitable to work in the service. Staff had disclosure and Barring check in place and interviews and references had been recorded. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff were not always aware of whistleblowing policies and procedures but did understand a need to raise any concerns. After a discussion with an inspector, the management team ensured a copy of the whistleblowing policy was sent to all staff for them to read. Staff were also engaged in a conversation about whistleblowing in the office and the management team stated they would cover whistleblowing in all future supervisions to ensure staff were clear on this.
- The provider had measures in place to help safeguard people from the risk of abuse. Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare.
- The registered manager understood their role in safeguarding people. They told us they would, "Make sure the person was safe at the time, try and do fact finding... contact the (local authority) safeguarding and alert them and take guidance from them."

Learning lessons when things go wrong

- The provider had a record of accidents and incidents. Staff told us they understood their responsibility to record and report incidents.
- The provider demonstrated that they were responsive to incidents. We saw documented evidence of one person being unsteady on their feet and was lowered to the floor by staff. The management team requested an occupational therapy assessment to support the individual with their future mobility.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to follow a robust training plan and adequately make sure staff were suitably trained to help reduce risks to people. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Staff support: induction, training, skills and experience

- Staff completed mandatory online training as part of their induction, such as safeguarding, to ensure a competent level of support.
- Staff completed shadowing, where they worked with an experienced member of staff, as part of their induction to make sure they had the knowledge and experience to support people. The management team told us staff completed shadowing until they felt comfortable to work alone.
- The provider completed regular spot checks and competencies for staff in areas such as medicines. Staff also received refresher training in mandatory training areas.
- Staff told us they felt competent in the skills they needed and were supported by the provider. One staff member said, "If I asked (the management team) to do extra training, they would find it for me."
- Staff were supported to complete an external equivalent of the Care Certificate by the provider to enhance their knowledge and skills. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The management team completed full assessments of people's health and care needs at their home before the service began to provide care. This ensured staff had up to date information when supporting people.
- People were supported to make decisions about their care. One person told us about when their care was first set up, "Yes I'm happy as they came round to speak to me and ask me what I want."
- The provider completed service reviews every six months for people. The management team told us they involved the person and family in this process.

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

- Care plans included information about how people were supported to eat and drink and any potential risks. Some care plans required more specific information about people's preferences. The management team updated this following a conversation with inspectors.

- People were supported to ensure they had enough to eat and drink. One person told us, "Yes they always give me a choice and make sure I have enough to eat and enough (food) in."
- Staff told us that information was readily available in people's homes on how to support people to eat and drink safely. This included specialist advice from external healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with external services to share important information about people's health. For example, the registered manager told us that if people were admitted to hospital, the service would often share important information with the hospital to ensure personalised support.
- The service actively encouraged people and their families to contact external health services when required. The registered manager told us they had contacted a person's GP surgery for further information when they were ill. One person said, "If I'm poorly, staff advise me to get the GP."
- Information was readily available in people's care plans for external health service involvement and contact information where required.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care and staff gained people's consent before supporting them.
- The management team understood the MCA and supported people to make their own decisions. The registered manager told us there was a person they supported who had capacity but made unwise decisions, but it was important for staff to remind them of potential consequences to reduce risks as much as possible.
- Staff showed some understanding of the MCA and gave examples of supporting people to make decisions once prompted. Staff were able to explain making decisions in people's best interests. The management team sent staff further information on mental capacity following a conversation with inspectors.
- Consent had been documented in people's care plans. For example, recorded consent was in place for the service to take photos of people when this was needed.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to adequately assess, monitor and minimise risks, and to keep detailed records about risks and how these should be managed. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- As mentioned in the safe section of this report, the service was facing staffing pressures due to vacancies. The management team was actively recruiting more staff and understood the need to prioritise care calls to reduce risks to people. The registered manager told us they did not take on new people unless they had enough staff to safely support them.
- The management team used an electronic system to ensure outstanding quality assurance tasks were highlighted each month. For example, they were notified if staff needed to complete a refresher on training or a spot check was required.
- The management team ensured staff received the training they needed to keep people safe. Staff told us they received training and would be able to ask for more if required.
- The registered manager was aware of the need to notify CQC and other agencies of certain incidents and events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff told us that the service put people and their care first.
- Staff told us that if they identified any issues with a person's care, the management team would take responsibility and act immediately.
- People told us they received person-centred care. One person said, "The way they look after us is really good and they check on me to make sure I'm alright and they are all very helpful and let me do everything I want and get me everything I need."
- The management team were flexible in their approach to meet people's needs. The registered manager told us the service had supported a person who relied British sign language and lip reading. The service completed extra training to learn sign language basics and put example symbols in the person's care plan for staff to refer to.

- Staff were in regular contact with the management team. The management team told us that staff were encouraged to come to the office weekly. Contact was also maintained over an encrypted messaging app.
- The service held quarterly team meetings, but meeting agendas and outcomes were not always recorded. The management team agreed to ensure team meeting minutes were recorded after a discussion with inspectors.
- The service involved people and their relatives in the support they received. One person told us, "I talk to the manager, they are especially nice, and they seem to listen to me, so I think they are well above average."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The provider understood the need to be open and honest with people. The registered manager told us they contacted people's relatives when they needed to. One staff member told us the management team contacted a person's relative when they had identified the person needed more support.
- The service learned from incidents of concern to improve future support. The registered manager told us about an incident when a health professional had identified an out of date pharmacy label for a medicine at a person's home. This was investigated and the medicine was not out of date as it had not yet been opened and was confirmed as safe to use by the pharmacy. The registered manager told us they ensured staff were recording a date of opening on medicines labels in future to ensure safe use.
- The provider used incentives and rewards to recognise achievement. Staff received an "above and beyond" award for going the extra mile for people. The management team also told us they now offered a quarterly attendance bonus to staff.
- The management team was intent on improving and expanding the service. The service had invested in online training packages and electronic systems for staff to improve quality assurance. The registered manager hoped to recruit more staff so the service could support more people.
- The service had close links to external organisations. The registered manager told us they worked with local healthcare and social care professionals to provide the best care possible.