Good Companions Homecare Ltd

Good Companions Bury

Inspection report

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Date of inspection visit:
12 December 2017
13 December 2017
14 December 2017
18 December 2017

Date of publication:
02 February 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced inspection of the agency office on the 12 and 13 December 2017. We also spent time speaking with people who used the service, their relatives and staff on the 14 and 18 December 2017.

Good Companions is a Domiciliary Care Service that provides personal care to people in their own homes. The service operates seven days a week and care packages can vary depending on the individual needs of people. Services provided include assistance with personal care, help with domestic tasks and meal preparation, medication monitoring and social activities. At the time of our inspection there were 16 people using the service. Not everyone using Good Companions receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the last inspection undertaken on 3 March 2016. The registered provider had breached Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to poor recruitment practices and the lack quality assurance systems to monitor and review the quality of the service. The overall rating for the service at that time was requires improvement.

Following the last inspection we asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions, is the service safe and well led to at least good. A copy of the plan was received.

At this inspection, we found that some improvements had been made with regards to the implementation of quality assurance systems to monitor and review the service provided. However appropriate action had not been taken with regards to the implementation of robust recruitment procedures. We identified three breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 with regards to recruitment procedures and staff training opportunities. You can see what action we have told the provider to take at the back of the full version of the report.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and their partner were in the process of taking over the service. At the time of the inspection the registered provider remained unchanged.

Adequate numbers of staff were available to support those people currently using the service. However recruitment procedures were not sufficiently robust to ensure that only suitable applicants were appointed so that people were kept safe.

Staff had not received all the essential training necessary for their role. Systems to support and direct staff were in place and staff spoken with said they felt supported in their role.

New systems were being implemented to help monitor and review the quality of the service including seeking feedback from all parties involved. These had yet to be embedded helping to evidence continuous improvements so that people received safe and effective care.

People told us they received the care they needed and wanted. They told us they considered staff were polite and caring and felt they had the right skills and knowledge to care for them safely. People and their relatives said staff were respectful and considered people's privacy and dignity when delivering care. Staff we spoke with were able to demonstrate they knew people well.

Staff were able to demonstrate their understanding of the safeguarding people from abuse policy and whistle blowing procedures (the reporting of unsafe and/or poor practice) and knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Systems were also in place to ensure the safety and protection of people's property and belongings.

Potential risks to people's health and well-being had been identified, assessed and management plans had been put in place to help minimise potential harm or injury to people.

Improvements had been made to the management and administration of people's prescribed medicines. This helped to ensure people's health and well-being was maintained.

Procedures were in place with regards to the management and control of infection. Staff had access to protective clothing such as disposable gloves and aprons when needed. This helped to the reduced the risk of cross infection.

People told us they were involved and consulted about their care and support. Staff were aware of the importance of seeking people's permission before carrying out personal care tasks.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met, where needed.

People's records were personalised and reflected their individual needs and wishes. Plans provided clear direction for staff about the support people wanted and needed.

Systems were in place for recording any complaints or concerns. People and their relatives told us they felt able to speak with staff and the registered manager should they need to and were confident matters would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust recruitment procedures were not in place to ensure the safety and protection of people who used the service.

Suitable arrangements were in place to help safeguard people from abuse. Improvements had been made to the management of people's medicines helping to ensure items were administered as prescribed.

Care records showed that risks to people's health and well-being had been identified and planned for helping to reduce or eliminate the level of risk. Procedures were in place to prevent and control the spread of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received all the necessary training required for their role. Staff told us they felt supported and had the opportunity to discuss areas of their work with the registered manager.

People told us that staff asked their permission before carrying out tasks. Records reflected people's ability to consent to their care and staff were able to demonstrate how they encouraged people to make decisions for themselves.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff and felt they were treated with dignity and respect. Staff were said to be polite and caring and assisted people to be as independent as possible.

Staff spoken with were able to demonstrate a very good understanding of the needs of the people they were looking

after.

Is the service responsive?

Good

The service was responsive.

People and their relatives, where appropriate, were involved and consulted with in the assessment process and development of care plans. Information seen reflected people's individual needs, wishes and preferences.

Systems were in place for the reporting and responding to people's complaints and concerns. People and their relatives felt confident they would be listened to and any concerns would be acted upon.

Is the service well-led?

Requires Improvement

The service was not always safe.

The service had a manager who was registered with the Care Quality Commission. The registered manager and their partner were taking over the service. At the time of the inspection the provider registration remained unchanged.

New systems were being implemented to help monitor and review the quality of the service including seeking feedback from all parties involved. These had yet be formalised and embedded to evidence continuous improvement of the service provided.

Good Companions Bury

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced inspection of the agency office on the 12 and, 13 December 2017. We gave the service 48 hours' notice of the inspection date to the office. This was because the service is small and we needed to be sure that the registered manager would be in. We also spent time speaking with people who used the service, their relatives and staff on the 14 and 18 December 2017.

The inspection team comprised of one adult social care inspector.

Before the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed by the provider as requested and returned to Care Quality Commission (CQC). Information provided was used to inform the inspection. We also looked at the information we held about the service, including complaints and concerns as well as notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We contacted the local authority quality monitoring team and Health Watch Bury. This information helps us to gain a balanced overview of what people experienced accessing the service. We received information back from the local authority quality assurance monitoring team about medication management and visit times. We considered this information as part of the inspection.

During this inspection we spoke with three people who used the service and the relatives of four people by telephone to seek their views about the service provided. In addition, we spoke with two care staff and the registered manager. We looked in detail at the care records for four people, medication administration records, five staff recruitment and training files, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection undertaken in March 2016, the registered provider had breached Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because the safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement plan to show what they would do and by when to improve the key question to at least good. A copy of the improvement plan was sent to us following the inspection outlining the action taken.

During this inspection we looked at the recruitment files for five staff employed since the last inspection. The registered manager told us the recruitment and appointment of new staff was undertaken by the nominated individual, who had recently left the service. We found all required information when employing new staff was not place.

A review of records showed that staff completed an application form. All but one had a full employment history. We were told that this person had previously lived outside the UK; however this had not been recorded. Any employment since then was detailed on the form. Written references were also sought. Information was not dated and had not been verified to check the information provided. None of the files had copies of applicant's identification and only one file had a recent photograph of the staff member. This information is essential if the provider is to check the identity of the applicant and make an informed decision about the suitability of candidates.

We were told that checks had been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure reference number had been recorded on file however there was no date of issue or where a disclosure had been made that this had been formally discussed and assessed to ensure the applicants suitability for work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

We saw evidence that interviews had been carried out however an 'equal opportunities scoring sheet' had not been completed in line with the service policy and procedure to evidence the applicant's suitability for the post. The policy also stated that where a disclosure was made the provider would request the applicant sign a disclaimer form, stating they are no longer of that character. There was no evidence this had been completed, where necessary.

This meant the breach in Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remained outstanding. A robust recruitment system was not in place to help protect people from being cared for by unsuitable staff.

We discussed staffing arrangements with the registered manager, staff and people who used the service. We were told that over the last year there had been a significant turnover in staff. At the time of the inspection there were five care staff employed by the service. In addition to the registered manager, this included a senior care worker and four carers, one of whom worked on the 'bank' (as and when). We were told current levels of staff were sufficient to meet the needs of those people presently supported by the service. One staff member talked about change in staff rotas. They said they were now, "Able to support people better, well planned and time to do things properly." Two people we spoke with also confirmed they received consistent support from the same care staff. This helped to provide continuity of care for people who used the service.

Prior to the inspection we were advised by the local authority there had previously been issues with missed visits. Some of the people we spoken with also said there had been occasions when visits were late. However we were told this was no longer a concern. We discussed this with the registered manager who said that following a turnover in staff this had improved. . We were also told that a new login system was being introduced. The device could only be accessed at the home of the person requiring support and would make an electronic record of the time the staff member arrived and when they logged off. This would enable the registered manager to check if people were receiving the agreed plan of support.

Out of hours 'on-call' support was available for people who used the service and staff in the event of an emergency or issue arising. This was provided by the registered manager and senior members of the care team.

The service had a lone working policy, which advised staff about their personal safety. An individual risk assessment was also completed exploring potential hazards and steps to take to minimise any risks. Staff told us they had been provided with a torch, personal alarm and mobile so were able to contact the registered manager or on-call if assistance was required.

We looked at what systems were in place to safeguard people from abuse. We asked people and their relatives if they felt they received a safe and effective service from Good Companions Bury. People we spoke with told us; "Yes, I feel very safe" and "They [carers] keep an eye on me to make sure I'm okay." People's relatives also said; "We trust the staff, it's a big relief as we know [relative] is safe", "Yes I feel my relative is kept very safe" and "They keep [relative] safe, if there was an issue they would help sort it."

Information was available to guide staff with regards to guide staff in safeguarding adults. The service also had a policy on whistle blowing (reporting poor or unsafe practice). This was supported by a programme of training. However records showed that only three of the five staff had completed this training. Staff spoken with and records seen confirmed that training had been provided. Those staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any concerns with managers they would be dealt with appropriately. The registered manager told us that further refresher training was to be completed by staff over the coming year

Other systems were in place to ensure the safety and protection of people. We were told the service did not provide any support in handling people's finance. We were told that only one person was provided with support for their shopping. Details of the transactions and receipts were provided to the person.

In relation to accessing people's properties we were told that staff did not carry people's keys with them. . Where necessary a key safe was in place. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. This was confirmed by people and staff we spoke with. We looked at how key safe numbers were stored so information was kept confidential. We were told that staff had access to relevant numbers using the 'Malinko' application on their mobile phones.

This system was password protected and staff were required to login to access the information. This helped to ensure personal information was kept safe.

Prior to this inspection we had been made aware of issues in relation to the management and administration of people's prescribed medicines. We discussed this with the registered manager who acknowledged issues had arisen. Whilst staff had received relevant training and their competency assessed issues continued to arise. We saw that a new management system had been put in place. People who used the service and required assistance with their medication were now only supported by two members of staff. Additional training had been provided and the medication administration records (MARs) had been improved. This was confirmed by staff and people we spoke with.

A review of people's MARs clearly evidenced a safer system was now in place and reduced the risk for error. We saw a risk assessment and support plan was completed describing the level of support needed. Information explored arrangements for the ordering, administration, storage and disposal of items. To help ensure people received their medicines safely weekly and monthly audits were also completed.

People's records showed that areas of potential risk to their health and well-being had been assessed and planned for. Assessments explored areas such as, administration of medication, moving and handling, catheter care and risk of falls. These identified the area of risk and the control measures needed. Environmental factors were also considered including fire safety. The registered manager was to liaise with Greater Manchester Fire and Rescue Service (GMFRS) about the personal emergency evacuation plan (PEEP) in place for one person due to the level of risk identified. These assessments help to minimise risks to people and those providing support so that people were kept safe.

The agency had policies in place with regards to control of infection. Staff we spoke with told us they received training in infection control as part of the programme of training. Records seen however showed that only three of the five staff had completed this training. Staff said they had adequate supplies of personal protective equipment (PPE) including a uniform, disposable gloves and aprons, which were easily accessible in the office. This helped to protect people from the risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

We asked people and their relatives if they felt staff had the knowledge and skills needed to deliver safe and effective care. People told us; "Oh they know what to do" and "They know me very well."

We looked at what training and development opportunities were offered to staff. We reviewed training records and spoke with the registered manager and staff about the programme in place.

We were told staff completed an induction on commencement of work. The registered manager said that the care certificate had recently been introduced for new staff. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. Staff spoken with confirmed they had received an induction and had spent time shadowing (working under the supervision of an experienced care worker) enabling them to learn what was expected of them. We were told this was usually for a period of two weeks however this varied depending on the skills and abilities of staff.

We saw that opportunities were provided for staff to talk about their work both individually and as part of their team. Staff said and records showed that individual supervision meetings were held as well as team meetings. Individual and group meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice. Staff spoken with told us, "I feel confident going out to people" and "We all work well together as a team, support each other."

We looked at what areas of training were offered to staff. Information in the service user guide advised people that all staff receive 'extensive induction and foundation training' in the following subjects such as; Understanding Health, Safety and Risk; First Aid; Basic Food Hygiene; Infection Control; Moving and Handling; Effective Communication; Medication; Safeguarding Adults; Mental Capacity Act 2005, Catheter Care; Pressure Care; Diabetes Awareness and Hypothermia Awareness. In addition the service offered a range of other more complex services, including: care for people living with dementia, Palliative care, Multiple Sclerosis or mental health needs. Not all these areas were included on the programme of training offered to staff, which the provider may need to explore.

The majority of training was said to be facilitated through e-learning however external training had also been sourced as well as learning sets carried out by the registered manager. Staff spoken with confirmed they had undertaken training relevant to their role however were not able to recall all topics completed. The registered manager told us that the completion of training had ceased for a period of time however this had now restarted. Information on the staff training records confirmed what we were told. Not all staff had completed the identified training, such as safeguarding, infection control and food hygiene. We noted that the records for two members of staff employed earlier showed training had only been completed in moving and handling. .

People were potentially at risk of not receiving safe and effective care and support as staff had not completed all training relevant to their role and responsibilities. The meant there was a breach of Regulation

18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were involved and consented to their care and support. One person said that staff read things to them as they were unable to read it themselves.

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. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During this inspection we checked to see if the registered manager was working within the principles of the MCA. A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support. Where able people had signed their agreement to receiving support with their medication and personal care. Staff spoken with were able to described how they offered people choice and encouraged them to make decisions for themselves.

We were told that people supported by the service were able to make decisions for themselves. A review of four care files showed that capacity and consent was discussed at the initial assessment and when planning their care. There was evidence on people's care records of their written or verbal agreement being made with regards to the service provided.

We asked staff how they helped people meet their nutritional needs. We were told that a number of people were supported by relatives however where necessary they would offer people a choice from items available in their fridge. One person we spoke with gave an example of how staff assisted them with breakfast each morning. We saw staff recorded on the visit logs what food or drinks had been provided. Information was also recorded in the persons individual care plan, detailing the support they needed. We saw that food hygiene training was offered as part of the programme of training. However information showed that only one member of staff had completed training in food hygiene procedures.

People we spoke with said family members generally assisted them with their shopping. We were told the service currently only supported one person, collecting their laundry and shopping. Staff were said to go through the receipt and products with the person to check the items and the correct change was provided.

Staff told us if they had any concerns about people's health and well-being, this would be reported to senior staff so that appropriate action could be taken. A review of people's records included details of any health care professionals involved in maintaining the person's well-being. We saw information to show the service had worked closely with an occupational therapist due the physical needs of a person. Specific aids and adaptations had been provided and staff had been advised on how to safely use them. Information about the maintenance of equipment was also recorded on care files. This helped to ensure people were not placed at risk of harm and equipment remained safe to use.

Good

Is the service caring?

Our findings

We asked people if they were happy with the service they received and the attitude and kindness shown by staff that supported them. We received lots of positive comments from people and their relatives. Their comments included; "All very nice, pleasant and polite", "Good laugh, chatty and friendly", "Very respectful" and "Would be lost without them."

People we spoke with said staff were respectful when supporting them. They gave us examples of how they felt valued as staff listened and acted on their requests. People told us, "They are respectful and polite towards me", "Always polite and respectful", "They are kind and polite" and "The girls are polite and caring."

One person we spoke with told us how staff did 'little extras' such as helping to read their mail or washing a few pots. They also felt visits did not just focus on specific tasks but that staff had time to spend with them ensuring they had everything they needed. They said this offered them reassurance and felt staff cared about what they were doing. The relative of one person also commented, "It's not task focused, they provide a personalised service."

Staff were able to demonstrate their knowledge of people and tell us what was important to them, their likes and dislikes and the support they required.

People told us that staff considered their privacy and dignity particularly when offering support with personal care. Staff were able to give us examples of how they offered support in a dignified way, for example; providing care in private and giving people privacy when using the bathroom. Staff also gave examples of how they encouraged people to be as independent as possible, completing tasks for themselves. One person told us; "I do some things for myself and the girls help me finish off."

We asked people and their relatives if the staff were reliable and arrived on time. We also asked if there had been occasion where staff had been late or missed a planned visit. Those people we spoke with had not experienced a missed call but did say there had been times when staff had been late, possibly due to traffic. Other comments included; "Very reliable service", "Very good and punctual" and ""I'm up waiting for them to arrive, they always come."

People's relatives said that the registered manager and staff were good at keeping them informed if there were any issues. They told us, "They always let me know if there's anything" and "We ring each other if there is anything we need to talk about."

We were told that people had access to specialist equipment where needed. This helped to promote people's independence and keep them safe.

People's records were stored securely in the main office. Information was also accessible to staff via the 'malinko' application on their mobiles phones which was password protected. This helped to ensure that confidentiality was maintained.

Good

Is the service responsive?

Our findings

We asked the registered manager about the referral and assessment process. We were told that commissioning arrangements had recently changed as the service had not submitted a tender for work to the local authority. Current referrals were received through private arrangements or where people had a personal budget. A personal budget is provided by the council if they decide you are eligible for help. It gives the person an amount of money so they can arrange and purchase the care and support they need. The registered manager said this meant they were able to provide a more personalised package of care, supporting people's social and emotional well-being as well as their care needs. For example; one person had previously enjoyed spending time baking, this had now been incorporated into their support plan and staff spent time each helping them.

People we spoke with told us they had been involved and consulted with about the care and support they wanted and needed. People's relatives, where appropriate, also confirmed that they too had been involved in the assessment and planning process. The relative of one person told us, "It all fell into place." Copies of the local authority assessments were also provided. This helped staff gather all relevant information about people's wishes.

We reviewed the care records for four people. Information varied depending on the specific needs of people and the level of support required. Care plans provided good personalised information about the person and what was important to them. This included details about their preferred name, routine and likes and dislikes. Plans explored specific areas of support for example, personal care, health needs, mobility, personal safety and medication. Information was in sufficient detail and provided clear direction for staff about how the person wished to be cared for. Where necessary plans were supported with appropriate risk assessments.

We saw that periodic reviews were completed depending on the level of support and risk to people. One relative told us that they had been involved in a joint meeting with the service and other professionals involved in their relatives care. Adding, "All hearing the same thing at the same time offers continuity." We noted that two people had recently had a stay in hospital. Following their discharge the registered manager had reviewed and updated the care plans and risks assessment ensuring information reflected any changes in the care and support they needed. This helped to ensure people individual needs were appropriately planned for so that their needs were safely met.

We saw people were provided with information about how the service handled any complaints or concerns. This was detailed in the service user guide that was given out to people when they joined the service. The procedure explained to people how to complain, who to complain to, and the times it would take for a response and included details of the local authority and how to share their experiences with the CQC.

We were aware prior to this inspection of complaints and concerns which had previously been raised about the service. We discussed these with the registered manager. The registered manager kept an electronic record of any complaints brought to their attention along with information to show how they responded

and where necessary tool action to resolve matters.
We were told all matters had been concluded with the involvement of people and commissioners. No recent issues or concerns had been raised about the service.

People we spoke with told us they had no concerns about the service they received however they were aware of what to do if they needed to and were confident they would be listened to. The relatives of people we spoken with said that where they had previously raised issues with the registered manager, these have been dealt with promptly and to their satisfaction. People's told us; "No issues or complaints from me", "I feel [registered manager] would always respond" and "The manager is very helpful, can call her at any time."

Requires Improvement

Is the service well-led?

Our findings

We were advised that the nominated individual was no longer involved in the day to day running or have oversight of the service and was currently a 'silent partner'. A nominated individual is a named person who represents the registered provider. The registered manager and their partner were taking over the service. At the time of the inspection the legal entity remained unchanged however this was to be explored. Due to changes in the management structure a new nominated individual had been identified. The registered manager was in the process of submitting a regulation notification and updated Statement of Purpose as required by CQC.

During our last inspection we found there provider had failed to implement robust systems to monitor and review the quality of service provided. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement plan to show what they would do and by when to improve the key question to at least good.

During this inspection we checked to see if effective systems had been put in place to monitor and review the quality of the service. We found that systems were being developed so that the registered manager had oversight of the service provision. These included audits to care plans, medication and infection control. Spot checks were also being undertaken to ensure staff were punctual and adhered to people's care plan. The registered manager was introducing a new electronic system (dongle), which would be used to record and monitor times when staff visited people's home. This information would help to ensure people were receiving the agreed packages of care.

We saw the registered manager had developed an action plan identifying areas of improvement still required. Shortfalls identified during the inspection also needed to be incorporated. These included; recruitment and employment checks and staff training and development. Opportunities for people who used the service, their relatives and third parties to feedback about their experiences were also to be provided. The registered manager acknowledged that due to the changes taking place with the management team, these systems needed formalising and embedding. Systems to help monitor and review the quality of the service including seeking feedback from all parties needed formalising and embedded to evidence continuous improvement of the service provided. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spent some time with the registered manager discussing the current service provision. The registered manager told us that due to changes in the commissioning arrangements made by the local authority the service was in a period of transition. Good Companions Limited had not submitted a tender for work within the Bury area. Therefore some of the care packages supported by the service had recently transferred to a new care provider. We were told this had been a difficult time for the service and people receiving support.

The relative of one person we spoke with told us that due to the changes made by the local authority, their relative had moved to another service. However this had not been successful and they had made the decision to return to Good Companions Bury. During the inspection we became aware of another person also requesting to return to the service as they too were not satisfied with the new service being provided.

People and their relatives were aware of the recent changes across the service and the management support available. They told us the registered manager was "Very professional" and was "Proactive" in dealing with situations. Other comments included, "It's good to have her on side, very responsive" and "Goes above and beyond."

Staff spoken with also said the registered manager was very approachable and supportive. Staff spoke positively about how they were treated and included as part of the team. Records confirmed that regular meetings had been held enabling them to share their views or ideas. Staff also told us that they were able to speak with the registered manager on an informal basis at any time and that she would always listen and help where needed. Their comments included; "We're involved more, treated as equals", "Focus is on making sure clients are happy with the service provided", "It's not just a business", "Problems get sorted, it's miles better" and "Staff are more involved."

The service had policies and procedures in place. The registered manager said that information was currently under review due to the changes in the management structure. All staff were provided with an employee's handbook. This included the aims of the service and code and conduct. People who used the service received a copy of the Service User Guide which provided them with details of the services provided by Good Companions Bury. This information helps to inform people about what to expect from the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events as required by law. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The CQC rating and report from the last inspection were displayed in the office. The service does not currently have a website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to help monitor and review the quality of the service including seeking feedback from all parties needed formalising and embedded to evidence continuous improvement of the service provided. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed A robust recruitment system was not in place to help protect people from being cared for by unsuitable staff. Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were potentially at risk of not receiving safe and effective care and support as staff had not completed all training relevant to their role and responsibilities. Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.