

Loyal Companion Care Limited

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Inspection report

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03 April 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection on 7 March 2018 when we visited the registered offices for the provider. We also spoke with people using the service and staff on 16 March 2018 and 03 April 2018.

Loyal Companion Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults. Not everyone using the service 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.

This is the first time we have inspected this provider.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager did not have a robust auditing process which could ensure that processes were being followed by staff and that the service provided was fit for purpose.

Staffing levels were sufficient to provide the level of care required however people felt rushed and were not always provided with care for the agreed length of time.

People were not always supported to eat and drink enough to maintain a balanced diet.

The provider followed the local authority policy and guidance when dealing with safeguarding people from harm and the staff we spoke with demonstrated a good understanding of safeguarding issues.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

The service was not always flexible and responsive to people's changing needs, desires and circumstances.

Risk assessments were in place and were regularly reviewed and updated. Cleanliness and infection control procedures were in place and followed by staff to minimise the risk of acquired infection.

Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Regular checks were undertaken to help ensure on-going competence in this area.

Staff demonstrated a good understanding of their roles and responsibilities. The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management.

Confidentiality was respected and independence was promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Communication with relatives was on-going throughout the duration of their relative's involvement with the service.

Comments and feedback was encouraged formally and informally and there was a complaints policy in place.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples.

We found that the provider was not meeting some legal regulations. Further information is in the detailed findings below.

You can see what action we told the provider to take at the back of the full version of the report.

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.

There was sufficient numbers of suitable staff to support people to stay safe but staff were rushed when providing care.

When errors were made by the provider or staff, these were acted on and lessons learnt and shared with staff.

The provider had ensured proper and safe use of medicines.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

People were protected against the spread of potential infection.

Is the service effective?

Requires Improvement ●

The service was not effective.

People were not always supported to eat and drink enough to maintain a balanced diet.

People's needs and choices were assessed. However care, treatment and support was not always delivered in line with current standards.

Staff had the skills, knowledge and experience to deliver effective care and support.

Staff worked together to deliver effective care, support and treatment.

People were supported to live healthier lives and were supported to gain access to healthcare services and on-going healthcare support.

Consent to care and treatment was always sought in line with

legislation and guidance.

Is the service caring?

The service was caring.

The service ensured that people are treated with kindness, respect and compassion, and that they are given emotional support when needed.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

People's concerns and complaints were listened and responded to but the provider was not always quick at taking action to improve the quality of care.

People received personalised care that was responsive to their needs.

Staff had not received training on how to support people who were at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not Well-led

Governance framework and responsibilities were not always clear and quality performance, risks and regulatory requirements were not always understood and managed.

There was clear vision and or credible strategy in place to deliver high quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, and would achieve good outcomes for people using the service.

There was a consistent approach to record keeping.

The people who used the service, the public and staff were engaged and involved in the service.

Requires Improvement ●

The service worked in partnership with other agencies.

Loyal Companion Care 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 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.

This announced inspection took place on 7 March 2018 and concluded on 03 April 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information that had been sent to us from the local authority and members of the public. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the inspection, we spoke with the registered manager and three care staff. We also spoke with five people who used the service and one relative. We looked at the care records of five people who used the service and the recruitment and training records for three staff employed by the service.

We reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

The call schedules identified staff were available to meet the care calls on each of the call runs. However we found that the schedules did not actually deliver the care at the time people needed or for the time agreed. The service operated a system where travel time between calls was not a factor considered when deploying care staff or arriving at the number of staff needed. This meant that fewer staff could be rostered to cover more calls. However, due to the lack of travel time there was a significant impact on people who experienced late and clipped calls. From feedback received from the people we spoke with we found that the deployment of staff was not effective in meeting their needs. This was because although staff would generally arrive on time or within half hour of the expected time frame, they did not always stay for the full allocated time. One person said, "If [staff] arrive 15 or 30 minutes late then they won't stay for the full time. They say they have to get to someone else." Another person said, "They are always in a rush to get to the next [person], they do what they have to then go." A third person was not sure how long staff stayed and a relative said, "We used to have an issue with timings but I raised it with the management and its improved now."

A member of staff we spoke with said, "There used to be an issue with some staff rushing but [registered manager] spoke with them about it, I don't rush even if [second carer] is trying the rush me." Another member of staff said, "I normally stay for the full hour, when we finish care then I ask what else they would like doing, I clean the kitchen and will make them a drink. If there is time I will sit with them." Other staff we spoke with told us that timings could be an issue because the provider did not allow travel time between calls. For example, if a person had an hour call which started at 09:00 and ended at 10:00, the next call time would start at 10:00 with no time allocated for travel between the calls. Staff explained that the travel time would have to be made up in between calls. This meant they would almost always be running late every day. One member of staff said, "We have to make up the travel time in between calls, it's not easy. If I have to be with the client for 8am then I will arrive 15 minutes before, then I have to rush from one to the other because there is no time for travelling." They went on to explain, "By the end of the day we will be running late and have to stay and finish calls in our own time." They explained that sometimes they would be driving under stress because they were getting late. The member of staff said, "We inform the office if we are late and they tell the client, but they will tell us to hurry."

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with felt safe. One person said, "Oh yes, I feel safe." While a second person said, "Yes, I am safe." A relative we spoke with said, "[Relative] has a bond and trust with [care staff] so feels safe with them."

Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely. Staff we spoke with showed good knowledge of local safeguarding reporting procedures and the provider's safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Staff and the provider worked with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. One relative said, "We used to have issues but I have had meetings with [provider] and things have been put in place [to keep person safe]."

The provider had safe staff recruitment procedures in place. Staff files showed that the Disclosure and Barring Service (DBS) checks were completed and references obtained prior to staff joining the service. Full employment histories were also documented with gaps explained With proof of identity being recorded.

Staff did not support all people with their medicines. For the people they did support we found that some errors were made on medication charts. However, we saw that the registered manager had identified these errors and raised them with staff. We saw that regular medicines audits were undertaken but staff competency was not assessed regularly and spot checks were not carried out after errors had been identified. We spoke with the registered manager regarding this and they agreed that this would be an area of review in the future.

People were supported in a way that ensured they were protected from risks of acquired infections. Protective equipment was made available to staff when supporting people to ensure they were protected from the risk of infection. All the people we spoke confirmed that staff used protective equipment when supporting them. One member of staff said, "All the homes have aprons and gloves available for us, we also use shoe protectors. I have spare gloves and aprons in my car, and we have hand sanitiser as well."

Accidents and incidents were recorded and lessons learnt from incidents. We saw that staff were updated with actions and systems were put in place to reduce reoccurrence. For example where a person was known to exhibit behaviour that could be challenging then staff were provided with guidance on how best to support them or how to defuse situations where members of the public could be at risk.

Is the service effective?

Our findings

People were supported by staff who were trained and they were supported in accordance with their assessed needs. One person said, "Yes, they are trained well, they do their best."

Staff told us that the training provided was effective in preparing them for their roles. We saw that regular supervisions and appraisals supported staff so they could discuss any issues they may have about their roles or training needs. The registered manager also kept contact with staff throughout the day through phone calls and text messaging. One member of staff spoke with us about their training. They said, "The training is very good, I have done a lot. I am given extra support if I need it." They went on to say, "I do not go to a new client unless I have had the right training and the registered manager will come with me on the first visit also."

Where it was required, staff would support people with meals and if required, food and fluid charts were completed. People we spoke with however felt that on occasion's because staff would be rushing from one call to another, the meal time experience would be rushed. One person said, "An annoying thing is that at lunch time [staff] leave the plate in front of me and leave, they don't wait. It's annoying because I have to sit there with the plate in front of me, I have worked out a way of moving it onto the floor when I am done, but it's not great." This person also went on to say, "Out of date food isn't always checked, I find they are in a lot of a rush."

People's care and support needs were regularly assessed to achieve effective outcomes for the people being supported. People we spoke with and relatives told us that the provider had carried out an assessment of needs prior to care being provided and that their relative had been involved. This assessment detailed what care the person required and when.

Staff worked closely with people, their relatives and professionals to ensure the care provided to people was appropriate and continued to meet their needs. Reviews were carried out regularly to ensure the care was effective. One relative said, "It's got a lot better, they seem to be keeping me informed and we have regular reviews, but it has taken a lot of input from me as staff are not always sure about how to support [relative]."

Where required, people were supported to receive on-going healthcare support, People and their relatives told us that they managed health appointments but staff were at hand to provide support if required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were being protected. Consent to care was sought in line with

legislation and guidance. All the people we spoke with said that staff respected their choices and gained consent from them before care was provided. One member of staff said, "We always ask for consent, sometimes the children [of the person using the service] will try and make decisions for them, but we make sure it's their wishes that are being followed and not the family."

Is the service caring?

Our findings

People we spoke with said that the provider and staff were focused on providing person centred care and they felt that staff treated them with kindness, respect and compassion. One person said, "[Staff] are very nice, they are excellent." A second person said, "I always have the same four [carers], even in the bad weather they came." While another said, "They seem to be nice people."

People did not always feel that they were listened to or made to feel like they and their families mattered. One person said, "[Staff] are always in a rush, they will catch you by surprise and say 'Is there anything else you need?' and before you have time to think they are gone." A second person said, "It's a shame that they don't seem to be able to do what the company names says they are, [Loyal Companions]."

Staff told us that people were always supported to make decisions and choices about their care. Documents reviewed also supported this. One person said, "They seem to know what they need to do." A relative said, "Yes we go through the care plan and it's changed if needed." People told us that they had contact with the local authorities and the provider supported them to gain additional support from other services and if they needed advice.

People using the service and relatives told us that staff promoted people's privacy and dignity, particularly when providing personal care. A person said, "Yes, they will keep me covered up. They are good like that." While a second person said, "I have male carers come and help me, there is a lady that comes but they know that I would rather have a man so she doesn't help with personal stuff."

Where possible people were supported to maintain their independence. One person said, "[Staff] encourage me to do some things myself, if I can do it then I will." Staff we spoke with also told us how they supported people's independence. One member of staff said, "I will encourage them to walk about and move their body. It's better for them; I encourage exercise and will say, 'Let's use those muscles'."

Is the service responsive?

Our findings

People told us that the care provided was in accordance with their assessed requirements. However they did not always feel that staff were able to respond to changes in their daily care routines. They also felt that the time restrictions meant that staff were task led. One person said, "If I ask them to do something for me they say, we can't do that we will get into trouble'." Another person said, "They come and do what needs to be done, but won't stay if there is time left, they will say they need to go to the next person." However a third person said, "[Staff] are lovely, they will sit if they have time and ask me how I am."

People we spoke with and relatives said that the registered manager worked with them and their families and was responsive to their support and care needs. We saw from the documents we reviewed that people had been involved in assessments that had been undertaken. Care plans detailed people's likes and dislikes, preferred routines and any care needs that they required support with. Records showed that people were consulted and able to tell the service what their needs were and how they wanted them to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests. We saw that care documents were reviewed regularly according to people's changing needs. People did however comment that the changes were not always quick. One person said, "I do tell [registered manager] she will listen but it's not always sorted straightaway, I sometimes have to ask again."

Staff appeared to know the people they supported well because they were allocated to the same people. All the people we spoke with also confirmed this. They all agreed that they had a set group of staff who regularly supported them and knew them well. One person said, "Yes I always tend to have the same group." While staff said, "Yes, I have my set clients, it allows me to get to know them and their families." People were also introduced to their carers prior to support being provided. We saw that on the day of our visit to the offices, the registered manager was in the process of arranging an introductory visit between care staff and the person they would be supporting.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. People we spoke with said that they had not raised any complaints with the provider although when they had been unhappy with timings they had informal discussions and would raise a complaint if they felt they needed to. We saw that the service had not received any formal complaints. The manager said, "We have no formal complaints but we do deal with some issues informally."

Staff did not supported people with end of life care, and staff had not received formal training. The registered manager however did explain that the training package they had did contain end of life care training but staff had not been asked to complete this at present. One member of staff however said, "We have touched on end of life training but I already had the training from a previous job so I already know what to do." Following the inspection the registered manager informed us that all staff had been enrolled for end of life training.

Is the service well-led?

Our findings

During our inspection of the offices, the registered manager demonstrated to us a new electronic system which was due to go live within a month. This system would monitor staff visits and meant that staff would have to 'clock in' and 'clock out' when they attended a visit. The provider told us that this would mean that they could monitor timing better, However from the people we spoke with it was clear that timings was an issue and all people we spoke with said that they had raised this with the service and felt that although the registered manager listened to them, action was not always taken quickly. People we spoke with confirmed that they had been told about the new system by the provider and were looking forward to a better recording system. One person said, "It's frustrating because we are paying for a call and we are not getting the full amount of time." A member of staff also said, "The system will only monitor how long we spend with the client, it still won't look at the travel time, that's what needs to be resolved, it would be nice if we got that included, especially as the traffic in Bedford can be really bad."

It was clear from our discussions with people using the service that the provider did not have effective systems and processes established. They did not operate effectively to ensure they met the needs of people because they had not factored in the travel times for staff. This meant that people did not receive care at the agreed times.

The provider told us that they encouraged a culture within the service which promoted person centred care which was open, inclusive and empowering for the people using the service. However the evidence and feedback received from people being supported by the service did not reflect this. People we spoke with said that they had been given opportunities to provide feedback to the service and the manager but actions were not always taken in a timely manner. One person said, "When I call the boss, they say they will do something but it doesn't always happen." A second person said, "I don't have a lot of contact with [registered manager], only if there's a big problem."

The provider had systems in place to assess and monitor the quality of the service. The provider showed us a recent survey which had been sent to people to gain feedback on the service. The results of this showed that people were happy with the service, but did not provide any detailed feedback received from people. However we found from our conversations with people using the service, that this survey was not reflective of how people felt the service was supporting them. The registered manager told us that they would carry out visits to people to gain feedback and people we spoke with did also confirm that the registered manager would attend their homes for visits.

The registered manager completed regular audits on the administration of medication but formal audits were not carried out on any other areas of the service. We discussed this with the registered manager and provider who were open to recommendations on how they could improve their auditing processes. They explained that the registered manager would view care documents but this was not recorded or done in a systemic way. We explained to the registered manager the benefits of regular auditing and how they could identify shortfalls or trends in the service through an effective system. Both the registered manager and provider agreed that the auditing systems would need to be improved.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From discussions with the registered manager and provider we saw that they had a clear vision, which was to support people to receive high quality care and support. They were working with external agencies to learn best practice and improve their services. We saw that the registered manager and provider were both open to feedback and had a willingness to learn. The provider said, "We have taken specialist advice, while setting up the business and we are thankful for any suggestions that can be given." A member of staff we spoke with also said, "[Registered manager and provider] are trying their best, they listen and give solutions to resolve problems."

The manager had understood their responsibility to report to CQC any issues they were required to notify us of. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed. We also saw the provider was in the process of introducing electronic records which would allow for real time updates.

The service worked in partnership with other agencies such as the local authority, local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their families.

Staff felt valued and enabled to contribute to the development of the service through regular meetings. One member of staff said, "We are encouraged to contribute to improving the service. For example, If I go to a visit and I see the previous carer has made a mistake, I will let [registered manager] know. She will send out a reminder to the whole team and not just the individual, that way everyone knows [what is good practice and what is bad practice]. Because tomorrow it could be me who does something wrong."

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 The provider did not ensure that they had effective systems in place to ensure compliance.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was insufficient staff allocated to meet the timings for people's care calls.