

The Care Company Plus Limited

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Inspection report

MAC House
47-49 Carnarvon Street
Manchester
Greater Manchester
M3 1EZ

Tel: 01612415150
Website: www.ma-care.com

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 1 and 2 August 2017 and the first day was unannounced. The previous inspection took place in May 2016 and we found breaches of the legal requirements in relation to person centred care, need for consent, staff training and governance systems. At our recent inspection, we noted the provider had made significant improvements which rectified the issues and concerns we found in May 2016.

The Care Company Plus Limited (The Care Company Plus) is a domiciliary care agency which provides personal care and support to people living in their own home. Their office is located in North Manchester and the agency provides care and support to people living in Bury, Manchester and Trafford. At the time of our inspection the service was supporting 96 people.

The service had a registered manager who had been in post since July 2016. 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.

People and their relatives told us they received care and support that was safe.

There were robust recruitment processes in place. This helped to ensure suitable staff were employed.

Risk assessments were in place and contained sufficient details and guidance to help ensure people were supported safely.

There were suitable systems to help ensure people were protected from harm. Staff were well-informed about the types of abuse and the action they would take if they suspected that abuse was taking place. This meant people using the service were protected from harm due to organisation systems and staff knowledge.

People and relatives told us they had consistent staff supporting them. This meant people were supported by people who knew and understood their needs. People told us staff arrived punctually for their visits and they were informed if staff were running late. This meant that people received care and support at times that suited them.

People told us staff had good hygiene practices and wore personal protective equipment when carrying out their duties. This should help to ensure that people were protected from the risk of infection.

Where required, people were supported to take their medicines safely. We noted the registered manager had taken further action to ensure medication administered was recorded appropriately. We were assured that there were effective systems in place to help ensure people were supported safely with their medicines.

People and their relatives told us staff were well trained and did their jobs effectively. Staff received an induction and mandatory training prior to working with people. There was evidence that staff were supported with on-going and refresher training as required. Staff received regular supervisions and appraisals to help ensure they received the necessary support to carry out their roles. Staff we spoke with confirmed this. This meant staff had the right knowledge and skills and received continuous support to function effectively in their caring role.

Staff sought people's consent before undertaking tasks. Care records we looked at contained evidence that people had consented to the care they received. We saw improvements had been made to ensure the service worked within the principles of the Mental Capacity Act (MCA). This meant people's rights were protected.

Where needed, people were supported with meal and drink preparation. Everyone we spoke with told us they were satisfied with the support provided and said the staff always consulted them prior to carrying out the task. This helped to ensure people maintained good nutrition and hydration.

People told us the service supported their access to health care professionals and medical attention, if required. In the case of an emergency, medical attention was sought and relatives contacted. This meant people were supported in a proactive way to receive the right health care when they needed.

People and relatives told us staff were kind and compassionate and that they considered them to be part of their family. People told us they were treated with dignity and respect and that staff carried out their duties in a professional and calm manner.

People gave us examples of how staff encouraged them to be independent according to their abilities. Staff we spoke with confirmed this. This helped to promote people's general good health and wellbeing.

People and relatives told us care and support was responsive to their needs and gave us examples of how the service provided person-centred care.

Initial assessments were carried out to help ensure people could be supported. Care plans contained detailed and person-centred information about the care and support people required and were regularly reviewed. This meant staff had up to date and relevant information about people's needs to be able to support them responsively.

People and relatives told us they were aware of how to raise a complaint though no one we spoke with had raised any complaints. We saw complaints received had been managed appropriately. We concluded the service had adequate systems in place to manage complaints effectively.

We saw people and relatives had the opportunity to provide feedback about the service provided. We noted the service had sent out user satisfaction survey in January 2017 and had done a telephone survey in April 2017. The results of both surveys were positive and we noted the registered manager had developed an action plan to progress the improvements identified from these surveys.

People and relatives told us the service was well managed and said they had a good relationship with the office staff. They said they were approachable and helpful.

Quality assurance systems adequately identified areas for improvement within the service and the registered manager was able to demonstrate what actions were taken to ensure the quality of the service was maintained.

There were policies and procedures in place; this should help to ensure staff had appropriate guidance to carry out their roles.

Quarterly staff meetings were held which gave staff the opportunity to discuss their work with managers and colleagues.

The registered manager and the director attended various forums within the care sector. This involvement helped them to share best practice and also keep up to date with issues affecting the sector.

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.

People and their relatives told us the service provided safe care and support. People were supported by a regular team of staff.

The recruitment process was robust and ensured staff employed were suitable to work with people using the service.

People were kept safe from risk of infection because staff followed good hygiene practice and wore appropriate personal protective equipment when undertaking tasks.

Is the service effective?

Good 

The service was effective.

People and relatives had confidence in staff's skills and knowledge and felt they did a good job.

Staff felt supported in their role. They received a good induction and mandatory training and had access to on-going learning opportunities.

The service had made significant improvements to ensure they worked within the principles of Mental Capacity Act. This ensured consent to care was sought appropriately and that relevant documentation was in place.

Is the service caring?

Good 

The service was caring.

People and their relatives said staff carried out their duties in a kind and professional way.

Examples from people and relatives demonstrated there was a good rapport and relationship between people and staff.

People were treated with dignity and respect and supported to maintain their independence according to their abilities. Staff were able to give us examples of how they did this.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives told us they had an initial assessment which provided assurance that the service could support their care needs, and they gave us examples of how the service was responsive to their needs.

Care plans were person-centred information and provided specific details about the individual supported. Plans were reviewed regularly to ensure they continued to meet people's support needs.

People knew how to raise a concern or make a complaint and there was an effective system in place to manage concerns and complaints.

Is the service well-led?

Good ●

The service was well-led

People and relatives told us they were satisfied with the service they received and would recommend the agency.

Quality assurance systems in place adequately monitored the quality and safety of the service provided.

There were policies and procedures in place to guide staff in their caring role.

The Care Company Plus Limited

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 1 and 2 August 2017. The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The experts by experience both had experience of caring for a relative who used domiciliary care services.

We reviewed information we held about the service including previous inspection reports, safeguarding referrals and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authorities and community professionals with whom the service had involvement to see if they held any information about the service. These agencies had no concerns about this service. We checked the Manchester Healthwatch website to see what information they held about the service. However the website contained no information about domiciliary care services. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

With their prior consent, we spoke with eight people and 14 relatives by telephone. When we visited the offices, we spoke with the registered manager, a director and four care staff. We looked at records relating to the service, including seven staff personnel files, four care records, medication administration records (MARs) and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us the service was safe. Comments included, "Yes, (the service is) safe and very pleasant", "I am safe with my carer; I feel comfortable with (them)" and "I feel safe; (the staff) are very professional."

People and their relatives told us if they had concerns relating to their safety they had contact information and would telephone the office should the need arise. No one we spoke with had raised any concerns regarding their safety.

We looked at seven personnel records and found these contained appropriate recruitment documents such as a completed application form, photographic identification, written references and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. Staff records were well maintained and provided satisfactory assurances that the agency had robust policies and procedures in place to ensure suitable candidates were recruited.

We looked at four care plans in detail to see what considerations had been made for assessing risks. Risk assessments should provide clear guidance to staff and ensure that control measures are in place to manage the risks a person may experience. We saw identified risks and actions to be taken to reduce these risks were recorded in people's care plans. Examples of risk assessments included areas such as manual handling, eating and drinking, medication administration, health risks and environmental factors. This meant staff had sufficient information to help ensure people were supported safely.

Staff we spoke with had received safeguarding training and were able to give examples of the types of abuse. They also knew what to do if they suspected abuse was taking place. We saw the provider had an up-to-date safeguarding policy in place. Staff we spoke with knew how to keep people safe and gave us examples of how they did this such as making sure the person's environment was free from hazards such as trip hazards, that doors and windows were closed and locked appropriately and make sure key safes were secured before leaving the property. Training records we reviewed confirmed staff had done safeguarding training. This meant people were kept safe because staff had necessary awareness and knowledge needed to support people safely and not expose them to risk of harm.

People and their relatives told us staff usually arrived on time and they were informed if the staff were going to be late. People and relatives said they rarely had missed visits. This was confirmed by information we received from Manchester local authority where over the last 12 months there had been one missed visit. We saw the Care Company Plus used electronic call monitoring systems (ECM) which helped to monitor that staff were attending their calls as scheduled. People and relatives told us staff stayed for the agreed period of time and that they were not rushed. We were satisfied people received the care and support when they should and that staffing levels were adequate for the number of people the service supported.

People and their relatives told us care and support was provided by a regular team of staff. The consistency

of staff was repeatedly praised and cited as a major plus for the company. Comments included, "Knowing who's coming into the house is very important and I value the consistency that we have with the carers", "We have regular carers and they cover the weekends too" and "They never send anyone that doesn't know the person and they shadow if someone is going to cover – that's really reassuring." This meant the same group of staff delivered support to people helping to ensure the support they received was consistent.

Staff we spoke with demonstrated good knowledge on how to protect people from harm of infection. They said they wore personal protective equipment, such as disposable gloves and aprons, when carrying out personal care. People and their relatives told us confirmed this. Training records we looked at confirmed that all care workers were up to date in this training. This meant people were protected from risk of infection due to good staff practice.

Some people were supported to take their medicines safely. People and relatives responded positively to us regarding the competence of the staff who administered their medicines; this included medicines in blister packs and application of creams. We saw from medical administration records (MARs) staff recorded what medicines had been given as well as when a person refused to take the medicines. One person told us not all staff completed MAR sheets appropriately. We raised this issue with the registered manager and they told us they had implemented a robust system of auditing the completed MAR sheets. We saw regular training workshops had been carried out to improve staff practice when recording and poor practice had been identified. We concluded there were appropriate systems in place to ensure people were supported with their medicines in a safe way.

Is the service effective?

Our findings

We asked people and their relatives felt the staff were competent and trained to do their role. They were also positive about how staff communicated with family carers. One person said, "Yes, they (staff) are competent; they have been doing this (care and support work) for quite a long time." Another person told us, "I think they are very well trained, it's the way they go about (the duties), very efficiently." Two relatives said, "The carers seemed to have the training to manage [person] when (they were) being difficult – they encouraged (them) and could calm (them)" and "When [person] needed a full hoist we and the carers were all trained together. (Staff) always explain what they are doing and try to reassure [person]. That helps (them) to be less anxious."

There was a robust induction and mandatory training process in place. Staff we spoke with confirmed they had received a thorough induction and mandatory training such as safeguarding, moving and handling and infection control. Newly recruited staff also shadowed experienced staff before they supported people unsupervised. As part of their induction, staff also completed the care certificate. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. At our inspection in May 2016, we noted the provider had developed a handbook to raise and develop staff's awareness and understanding of various faiths and ethnic communities. We confirmed with the company director that this document was still in use especially during corporate induction training. We concluded this was a good practice which should help to bring about understanding and respect between people and staff.

At the inspection in May 2016, we found gaps in ongoing training including staff that had not done or received refresher training in key areas such as safeguarding and medication management. We asked the provider to make improvements in this area. At our inspection in August 2017, we noted improvements had been made and that staff training was up to date. The registered manager told us the current training monitoring system they used provided better oversight of the training needs of the staff. We saw evidence of the system which confirmed this statement.

The director was passionate about training and demonstrating to staff in this way that the company valued them. They had a vision for improving staff's knowledge and skills through the delivery of standardised in-house training so that staff undertook their duties in accordance with the quality standards set by the service.

The registered manager also said they currently worked closely with a training organisation that was supporting staff to achieve qualifications in health and social care. We spoke with two trainers who worked with the Care Company Plus over the last 12 months. Their comments included, "I have regular contact with the registered manager who is eager to improve the service by having her staff trained or working towards a qualification" and "The registered manager is very keen on the training side and wants to bring up the standard of care staff." We concluded the provider and registered manager had taken appropriate and adequate steps to ensure staff were supported to function effectively in their caring role.

We saw there were formal systems in place for staff support and professional development which included regular supervision, annual performance appraisals and spot checks of staff performance on the job. Supervision is a system that helps to ensure staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff we spoke with said they felt part of the team and gave us examples of how they had been supported in their role.

At the previous inspection in May 2016, we found the service was not operating within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked to see if the service was operating within the MCA framework.

At the inspection in August 2017, we checked to see what improvements had been made. We saw there had been significant improvement work in this area. The registered manager had put systems in place to ensure a person's capacity was assessed as appropriate and meetings held to determine what actions, if any, should be taken in the person's best interests. We noted where required evidence of legal authorisation was recorded in people's care records. We concluded the service had made adequate improvements to help ensure people's rights were protected at all times.

If support with eating and drinking was provided, people and their relatives told us staff always consulted them regarding the preparation of these. Everyone we spoke with told us they were satisfied with the support provided. One person told us, "At lunch time, I try to get things ready and they cook it. It is done well and at tea time they make a sandwich and give me a choice." A relative said, "They (carers) come for breakfast, lunch and tea. They ask what [person] wants, heat it up, it is done using the microwave. They make drinks. We are quite happy with this."

People who required support with their health or accessing help from medical professionals were happy with the support they received. One person was particularly pleased with the service and told us they were "really impressed" with how proactive the staff and the service were in helping to ensure their health and wellbeing. Other comments from people and relatives included: "One of the regular (staff) noticed [person] was having difficulties and called an ambulance" and "(Staff) alerted me to my relative being unwell and we called an ambulance and he was taken and admitted to hospital. That carer has been regular and she was able to see and act on the changes that she saw. I was very appreciative."

Not everyone we spoke with had needed help with seeking medical attention but told us they were confident staff would be able to help if necessary. Based on the examples and practice we found we concluded the service had systems in place to help ensure people received the right health care when they needed to.

Is the service caring?

Our findings

People and their relatives told us the care and support they received was caring and compassionate. They told us staff were professional, polite and kind. Their comments included: "(Staff) are very professional in the way they work and that each call is treated separately. I know that they are not chatting about [person] or our house at the next call", "(Staff) are always friendly and have good manners", "Wonderful ladies. I like to call them my adopted family. They sit and have a chat with me. We talk about what I watch on TV, which is nice", "One of the carers is so bubbly; (they) bring character to the house" and "They are doing this job because they care and that really shows."

From the comments people and their relatives made, it was clear there was a good rapport and good relationships between people and staff. There was also good relationships and understanding between the staff and family carers. Comments included: "I have got to know her (staff) and I am comfortable with her; she makes life easier", "I find him very dedicated to what he is doing as a carer. He (staff) will sit down and engage in a conversation. Keeps my mind vibrant. The interaction is good" and "The carer knows that [person] loves 'Mrs Brown's Boys' and they have such a good chat and a laugh about that programme" and "[Person] didn't fancy anything from the ready meals available so instead staff made (them) a snack that (they) fancied."

Staff we spoke with demonstrated that they knew the people they cared for and were able to give us examples of people's needs and preferences and how they supported these.

Everyone we spoke with told us staff treated them with dignity and that their privacy was respected. People and relatives commented with appreciation that any new staff covering a shift were first introduced to that person prior to delivering care. They told us this practice demonstrated caring and respect for people's dignity and privacy.

People said when delivering personal staff worked with such professionalism that they were not embarrassed. One person told us, "(Staff) respects my dignity". Another person said, "They respect my choices regarding privacy when I am bathing." A relative told us, "As soon they (staff) come in, they close the door to (person's) room and to protect (their) privacy" and "[Person] has male carers at (their) request, (their) dignity is respected."

Where appropriate people were encouraged and empowered to be as independent as their abilities would allow. One person told us, "(The staff) said I was doing well. At the beginning (staff) really had to help me now I can do more for myself. They (staff) are helping me and giving me confidence." Another person said, "I make my own breakfast while the staff are here; they help to get things out of the fridge, so I can do as much as I can for myself." Supporting people to maintain their independence helped to promote their continued health and wellbeing.

Is the service responsive?

Our findings

We asked people and relatives if they found the service was responsive. They told us they did and said, "They (staff) come in when I want them to" and "I pretty much choose the time of the visit to fit in with my life style." Relatives confirmed this saying if needed the service was usually able to adjust the times of visits to accommodate other appointments people may have.

People and their relatives told us they felt involved in making decisions about the care provided and that someone from the service had visited them to do an initial assessment. An initial assessment helps to ensure the service provided was suitable for the person and was able to meet their needs effectively. We looked at four care records which confirmed this was the case.

People and relatives told us the service 'matched' the staff to suit the needs of the person. For example, one relative told us the staff that visited spoke Urdu which helped their relative as their knowledge of English was limited.

At the inspection in May 2016, we found the care plans did not contain person centred information and did not fully reflect the support provided. This was a breach of the health and social care regulations. At this inspection we checked to see what improvements had been made in this area. We noted significant work had been carried out to ensure care plans contained more person centred information which helped staff to support the person in a responsive way.

We reviewed four care plans and we found these were person-centred and described care and support that was specific to the person. We noted they contained detailed person centred information in areas such as nutrition, medication, mobility and personal care. Care plans also recorded personal information such as the name the person liked to be known as and family background, medical history, interests, spiritual needs and their likes and dislikes.

At the May 2016 inspection, the registered manager told us they intended to keep regular contact with the people they supported as this helped to 'monitor the customer journey' more effectively. At our inspection in August 2017, we saw this process was in place with reviews being done every three months; two of these reviews were done in the person's homes. People and relatives we spoke with confirmed care plans were regularly reviewed and that they were able to discuss with the service any changes required. Care records we looked at confirmed regular reviews were being carried out. One relative said, "We regularly discuss [person's] needs as (they are) declining but we are working together so that [person] can stay in (their) home as that has always been (their) wish. I feel supported in that by the agency." This meant the service had a good system of ensuring that people's care needs were reassessed when required to help ensure their care was still appropriate.

People told us they knew how to make a complaint but the majority of people we spoke with said they had had no reason to complain. We looked at the service's record of complaints. We noted three formal complaints had been investigated and appropriate actions taken as required. The registered manager told

us and we saw an interaction log had been implemented. The interaction log was a running record of informal concerns or issues raised by people, relatives or staff. It identified the concern/issue and what action had been taken to resolve the issue. The registered manager told us any member of staff could add an issue to the log and the data could be checked to see what issues were most common. This meant the registered manager had a good overview of concerns and was able to make improvements as required.

People and their relatives said they had the opportunity to give feedback about the service. Some people remembered completing a survey that had been sent to them. Other people told us they were asked for feedback when their care package was being reviewed. This was confirmed when we looked at care plan review records.

We saw a user satisfaction survey had been sent out in January 2017 and a telephone survey done in April 2017. The registered manager wrote to people and relatives informing them of the results of the satisfaction survey and identifying areas for improvement. We saw there was an action plan in place to progress these improvements.

Is the service well-led?

Our findings

People and their relatives were positive about how the Care Company Plus was managed and told us they would recommend the service to others. Their comments included, "(The service) suits me very well; I do like it", "I think it's run very well", "I have no complaints at all; if you need help they are the people to give it to you" and "I would recommend them. They are reliable and trustworthy."

At the inspection in May 2016, we noted there was no systematic analysis of information gathered through the quality assurance process to drive improvement within the service. At this inspection, we checked to see what improvements had been made. Quality assurance measures in place included regular staff spot checks, medication administration record audits, care record reviews and audits, user surveys and daily records audits. These checks help to ensure that the quality of service people receive is maintained.

We noted the quality assurance process had been strengthened. We noted the registered manager had a clear plan of action to address issues identified. For example, MAR audits identified some staff were not completing these documents accurately. We saw the registered manager arranged for training workshops and on the job support to help staff with this task. We saw evidence the director conducted their own checks to ensure that current processes were effectively monitoring the quality of the service. We were satisfied current systems adequately identified, monitored and addressed issues relating to the quality of service provided.

We saw that the service's policies and procedures were regularly reviewed and kept up to date. Policies and procedures help to ensure staff are effectively supported to understand and perform well in their roles. Staff told us they were aware of these and we saw they received a care worker's handbook which provided a summary of key policies and procedures. Staff also said policies and procedures were discussed at peer group meetings.

We were satisfied that the company's policies and procedures were effective in supporting staff to understand and perform well in their role.

We saw from minutes that staff meetings, referred to as peer group meetings, took place every three months. Staff confirmed they attended these and we saw records of attendance in their personnel files. Discussions included people's care records, training, policies and procedures and use of the electronic call monitoring system. These meetings helped to ensure that care workers received the support necessary to function effectively in their role.

Both the registered manager and the director told us they attended various forums such as registered manager forums, local authority provider forums and service improvement partnerships. The director said their involvement in these forums helped the service to share and keep up to date with good practice and also discuss challenges within the sector.

We noted the provider had systems in place to record and report accidents and incidents. We saw evidence

that each incident was investigated appropriately and action taken to reduce the risk of reoccurrence. This meant the service had systems in place to help ensure people were kept safe from harm. The registered provider also ensured the appropriate notifications of accidents or incidents that occurred were sent to Care Quality Commission (CQC) in accordance with their legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC.