

Companion Homecare Ltd

Companion Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Companion Homecare provides home care services enabling people to be cared for while living in their own homes. The service is managed from the registered office in Preston and services are provided to people living in the areas in and around Preston and Lancaster. At the time of this inspection 91 people were receiving regulated personal care and support from the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Most risks relating to people's needs had been identified. However, records did not always provide a detailed plan for managing these risks. Written protocols for medicines required as and when needed were not always in place for staff to follow to ensure medicines are given correctly and safely. There was no consistent clarity seen in records as to whether people's medicines were prompted or administered by the staff.

Systems were in place to record accidents and incidents. However, these were not consistently monitored to identify any lessons learned, themes or trends. Safeguarding incidents were identified and shared with the local authority. However, not all incidents and allegations had been notified, as legally required, to us. We have made a recommendation about submitting statutory notifications.

There were enough staff to support the number of people using the service. However, we received negative feedback from people about the consistency of their visit times. Recruitment processes in place were not always robust and needed to include more details to ensure people employed were of fit character. We have made a recommendation about the quality of recruitment suitability checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent to care and treatment had been obtained and where people lacked capacity relevant others had been involved in supporting people's decision making.

Training records demonstrated appropriate and relevant training is provided. Referrals were made to other healthcare services when necessary. People told us they thought the care they received was good and spoke positively about the staff who supported them.

People told us staff treated them with respect and dignity and were kind and caring towards them. Care plans generally demonstrated a person-centred approach. However, not all the care plans we looked were always fully completed. Records showed complaints are processed and responded to. End of life care where relevant is done co-working with the community nurses.

Quality monitoring and auditing systems were not in place. Regular oversight of the safety and quality of the service was not being recorded. However, we did see that since the service had started improvements had been made in with the development of some systems and processes. There was no recorded analysis or reviews to see where improvements of the service could be made.

Electronic care planning and rota systems are used. However, we did not see that all records were consistently completed in enough detail. People could access the electronic care planning and rota system remotely to view information about their care. The provider had recently appointed independent reviewing officers to review individual people's needs and obtain their views of their experience in the service. People gave positive feedback about the manager and staff.

At the time of the inspection, the location did not provide personal care for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

This service was registered with us on 10 January 2020 and this is the first inspection.

Why we inspected

This inspection was partly prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to the safe management of medicines, risks associated with people's needs and the oversight of the quality and safety of the service at this inspection.

The provider and registered manager responded immediately during and after the inspection to address the completion of records and improve details in order to mitigate any potential risks.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Companion Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be management staff available to speak with us.

Inspection activity started on 22 September 2022 and ended on 28 September 2022. We visited the location's office on 22 September and 26 September.

What we did before inspection

We reviewed information we had received about the service since registering with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, one of the company directors, deputy manager, care coordinator, reviewing officer and care workers. We reviewed a range of records. This included 9 people's care records and medication records. We looked at 7 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could come to harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Not all risks relating to people's needs had been identified. Assessment records did not always provide a detailed plan for managing the risks. We were not fully reassured that measures were in place to manage and mitigate risks associated with diabetes, moving and handling.
- The provider had systems in place to record accidents and incidents. We saw evidence that action had been taken to appropriately deal with them. However, they were not consistently monitored to identify lessons learned, themes or trends.

Using medicines safely

- Guidance for staff to follow when administering as and when required medicines was not always available. This meant people could be at risk that medicines were not effective, or they received more than required to manage their health needs.
- The timing of people's visits for administering time specific medicines was not always in line with prescribed instructions or safely managing people's health conditions such as diabetes.
- People's records were not always clear as to whether their medicines were prompted or administered by staff.
- Staff were trained in how to support people with their medicines and their competencies were regularly checked.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks and people's medicines were being safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager responded immediately during and after the inspection. They confirmed care plans, medication records and risks assessment documentation were being reviewed and improved.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People told us they felt safe with the staff who visited them in their homes. One person said, "I feel safe with them. I trust them."
- Staff told us they were comfortable raising any concerns with the managers.
- The manager reported any concerns to the local authority safeguarding team in line with their guidance.

Staffing and recruitment

- People's experiences about the consistency of visit times was not always good. One person said, "The visit times vary." Another person told us, "Sometimes they are half an hour early, which is not convenient." People told us their visits were sometimes late because staff relied on buses or walked.
- Staff gave mixed feedback about the rota consistency and the travel time between visits impacting. One member of staff said, "Sometimes the times where you next have to be coincided with the time you're leaving someone, so no time allocated for travelling."
- Recruitment systems and processes were not always consistent. Recruitment records looked at needed to include more details to show checks of suitability were robust.

We recommend the provider implements processes and systems to check the quality of the information used for recruitment.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People gave negative feedback about the consistency of visit times they told us they were either too early or late. We have addressed this under the sections for safe and well-led.
- The staff team carried out an assessment of people's needs. The provider did not always receive enough information from the commissioners to enable an assessment before agreeing to provide their care.
- People were regularly included in developing their needs assessment and care plans.
- The manager and senior staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff had been trained and had their competencies checked before providing people's care.
- Staff completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "We do some training online and when I started I shadowed another carer and was taught how to manage different types of people."
- People told us they were happy with the care they received. One relative told us, "The staff know all about my relative's condition and know him well." A relative said, "They know what they are doing."

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

- Staff provided the level of support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person told us, "They always ask me what I want."

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. The staff team worked closely with health care services including GPs, pharmacists and district nurses.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives had been regularly involved, consulted with and had agreed with the level of care and treatment provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said of the staff, "The staff are brilliant carers." Another person told us, "I don't ever feel rushed, they take their time as needed. A relative said, "The staff definitely don't take over. They listen and respond."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "They are very respectful." A relative said, "The staff treat my relative with dignity." Another relative said, "The staff encourage my relative to do what they can."

Supporting people to express their views and be involved in making decisions about their care

- The provider had recently appointed an in-house reviewing officer who was independent of the care staff to review people's needs and people were asked for their views about their care.
- People and their relatives could remotely access the electronic rota and care planning system where they could express their views and raise any concerns or queries.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual. One person told us, "I would say the staff are responsive to my needs." Another said the staff had been, "Very flexible."
- People told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered. One person told us, "There is an online care plan, but it is very basic. They record everything they have done and there have been a couple of reviews."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff identified people's communication needs however they were not consistently recorded as part of the care plan. We have addressed this in the well-led section of this report.

Improving care quality in response to complaints or concerns

- The provider had an effective procedure for receiving and managing complaints about the service.
- People knew how to make a complaint about the service. One person said, "I've not needed to complain but I'm aware of how to." Staff said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life.
- The staff team had relevant experience of caring for people at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant systems and processes in place did not always support the delivery of safe and high-quality care.

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

- The service had an electronic care planning and rota system in use however the facilities on the system had not been used to audit aspects of the service. The manager told us since registration they had focused on the day to running of the service and was aware that there was not systems or processes in place to effectively monitor the quality and safety of the provision.
- We found some documentation in care plans and risk assessments was not always completed in full. This meant we could not be fully reassured that staff could take appropriate actions to avoid the risks of potential harm

Continuous learning and improving care

- There was no consistent oversight and monitoring of the quality and safety of the service. The provider did not have systems or process fully embedded to analyse and review the service progress. For example, people's visit times were not audited or analysed to see where improvements could be made.
- Oversight systems and processes of the service need to be further implemented and embedded by the provider management team.
- The provider and manager had taken appropriate actions to address problems as and when they arise. However, there was no evidence to show how the service had learned or implemented any changes to ensure incidents were not repeated.
- We received very positive feedback about the leadership and the management team from staff and people using the service. However, we did receive mainly negative feedback about the management of the consistency of visit times.

We found no evidence that people had been harmed however, the provider had failed to make sure there were effective systems in place to monitor risk and performance of the service. This was a breach of regulation 17 (1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not always submitted statutory notifications to notify CQC of allegations of abuse and / or incidents that had happened.

We recommend the provider ensures systems are in place to identify when statutory notifications are required to be submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could engage and give feedback on the service they received and be involved through remote access to the electronic care planning system.
- The provider had recently appointed independent reviewing officers. We saw independent reviews for individual people had recently commenced. They also provide an overview of peoples experience in the service.
- Questionnaires about the service performance and quality were gathered from staff, relatives and people using the service. However, they were not analysed to give direction of where improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were not always happy with the organisation of their visit times however they were happy with the care and support they received. One person said, "The management of the schedules (rota) could be improved." Another person said, "Very happy with the service. The chap that comes is excellent." A relative said, "We are very happy with them. It's working really well for us."
- People and their relatives spoke highly about the management support. One person told us, "I think the management is all okay." Another person said, "The manager is nice. She has been to see me two or three times."

Working in partnership with others

- Staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.
- Staff told us the management listened to them and said they could bring their ideas to meetings.
- Staff felt supported by the provider and manager. One said, "The company is excellent in supporting me. I am a student and at times I cannot work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager regularly reviewed any accidents and incidents to and took appropriate actions to rectify and keep people safe. However, no audits were in place to establish if trends or themes were happening that needed to be addressed or lessons to be learned.
- The provider and manager understood their responsibilities under the duty of candour. People's relatives and relevant others including local authority safeguarding and commissioners had been informed of significant events.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate risks and people's medicines were being safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 12(2)(a) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to make sure there were effective systems in place to monitor risk and performance of the service. This was a breach of regulation 17 (1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>