

Care Companions Limited

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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

Care Companions a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to older people or younger adults living with dementia, mental health support needs, a learning disability or autistic spectrum disorder and a physical disability. At the time of our inspection the service was supporting 6 people. 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, Right care, Right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support 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.

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

Right Support:

People and their relatives were satisfied with the care and support provided and told us they had no complaints. People were mostly independent with taking their medicines, where support was provided, records were not always clearly completed. There were enough staff employed to undertake care calls and support people's care needs. People were supported by staff who understood their needs and were trained in recognising the signs of abuse. The provider had policies and procedures in place to support staff in their role. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

The provider completed recruitment checks to ensure staff were safe and suitable to work with people. Some of the checks were not clearly demonstrated within staff records. However, people received personalised care and support from staff that understood their needs. People's privacy, dignity and independence was respected.

Right Culture:

Systems and processes to monitor the service were not always effective to support staff to work safely consistently. The provider was in the process of developing and implementing quality check systems to monitor the service provided and to check people received the quality of service they expected. Records

were not always sufficiently detailed to clearly reflect safety risks to people and to help ensure a consistent approach by staff in managing these risks. Staff received an induction to the service and completed ongoing training to ensure they were safe, suitable, and had the necessary skills to provide effective care.

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

Rating at last inspection

This service was registered with us on 23 May 2022 and this is the first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Care Companions Limited

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 2 inspectors.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with us. 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 this information to plan our inspection.

During the inspection

We made telephone contact with 3 people, 2 relatives and 3 care staff to gain their views of the service. We spoke with the registered manager who is also the provider of the service at their office and reviewed a range of records. Records we viewed included 2 care plans, medicine administration records, staff training records, and 3 staff employment records. We reviewed policies and procedures related to the service and discussed quality monitoring used for the provider to assure themselves people received a safe service.

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 limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were subject to a number of recruitment checks such as references and Disclosure and Barring (DBS) to help ensure they were safe and suitable to work with people. However, some checks had not been fully completed before staff had started to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff were supervised and worked alongside more experienced staff until they felt confident, and it was confirmed they were able to safely support people independently.
- There were enough staff to complete the required care calls in good time and to meet people's needs.

Assessing risk, safety monitoring and management

- People's needs were assessed to identify any risks associated with their care but guidance records for staff were not sufficiently detailed to ensure a consistent and safe approach by staff when supporting people's needs.
- One person had a longstanding health condition which presented them with some limitations in their daily activities. These were not reflected in a risk assessment to help guide staff, however staff knew about these risks and what to do when supporting the person.
- Staff felt they had sufficient information to keep people safe from risks of harm and people told us staff knew how to support them safely.

Using medicines safely

- Arrangements were in place to support people with medicines if needed. People usually managed their own medicines. Medicine records were not always clear to show medicines were managed safely.
- Records for one person showed variations in who administered the medicines with no clear instructions around this. The registered manager agreed to address this to help ensure medicines were managed safely consistently.
- One person told us they had a prescribed cream applied to their skin by staff. The person's "task" records stated staff were to apply the prescribed cream in the morning. Daily records completed by staff did not show this happened consistently. Staff told us they applied a moisturising cream when needed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to support staff should they recognise any concerns or potential abuse.
- Staff had completed training on how to recognise abuse and staff knew about the different types of abuse.

- Staff knew to report any concerns to the registered manager so they could be escalated as required to help ensure the safety of people.

Preventing and controlling infection

- Staff completed training on the prevention and control of infection and knew how to minimise the risk of infections spreading.
- Staff had access to personal protective equipment (PPE) when needed. People, and their relatives confirmed staff wore masks, gloves, and aprons when these were required.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. For example, staff recognised one person could not always reach their clothes when dressing and took the necessary action to ensure this was addressed so this did not happen again.
- An accident log had been created for staff to complete should anyone supported by the service be involved in an accident or incident, to help ensure lessons were learned.

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

- An assessment of people's needs was completed before people received their care. These assessments reviewed how people wanted to receive their care and whether people needed additional support to meet their protected characteristic. For example, if they had a disability.
- People told us staff were respectful of their choices in regard to how they preferred their care to be provided. This included following people's preferred routines for personal care.
- A relative told us, "The level of care is phenomenal. {Registered manager} can be called and always gets back to me when needed. There is a care plan in the house and notes. I can phone [Registered manager] if needed."

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff completed an induction, which included working alongside experienced staff.
- Staff completed ongoing training including training linked to the needs of the people they supported. Staff felt the training was effective in providing them with the necessary skills they needed.
- Staff told us they had regular opportunities to discuss their work and development with the registered manager.

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

- People's care plans did not provide detailed information about people's nutritional needs such as preferred drinks, snacks etc. However, people supported by the service were able to communicate their nutritional needs to staff. The registered manager stated they would review the detail of the care plans.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked in collaboration with other agencies when required to support people's needs.
- A nurse practitioner had commented the support provided by the service had been "excellent" and "invaluable" to a person they had been visiting.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with people and families to ensure people were able to access any healthcare services and support they needed.

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

- Staff worked within the remit of the MCA and understood the importance of gaining consent from people and respecting people's choices.
- Staff told us they had completed training on the MCA to help them understand this.
- One staff member told us, "If they (people) have full mental capacity they can make decisions for themselves." When we asked what they would do if people were not making safe decisions they stated, "We would suggest a safe way to them, so we are not taking their choice away from them."

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

- People told us they were well treated by staff who were kind, caring, and supported their needs.
- One person told us, "Thank goodness for Care Companions. They even do extra, like if I'm running out of something, they will pick it up for me. They are so kind, and I am so happy I have them."
- Where people had health conditions that impacted on their ability to complete tasks, staff supported people accordingly. For example, making equipment and items easily accessible to people. This included applying creams to their skin in areas they were not able to reach themselves.

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

- People were encouraged to express their views and be involved in decisions about their care as far as possible. Families were also involved in decisions where appropriate.
- Staff told us they spoke with people during care calls to check they were happy with the support they were going to provide. One staff member told us, "[Name of person] does change and likes to tell you what they want. They are fully coherent."

Respecting and promoting people's privacy, dignity, and independence

- Staff respected people's privacy, dignity and independence when supporting them with personal care.
- One person told us, "They wash me, keeping me covered over." A relative told us, "[Name of person] has a full body wash and they are good with this, giving them privacy."
- People's independence was encouraged, and this was demonstrated in care plans which contained instructions for staff to prompt people to complete tasks. Staff confirmed they prompted people and gave an example of promoting people to take their medicine.

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

- Care was personalised. Care plans focused on the person and contained information about the support people needed at each care call.
- People were supported by consistent group staff who knew them well and how to provide care and support to them in a way they wished.
- One person told us, "I have 5 different girls (care staff) each week. I know them all. I think they are kind and caring to me and I have no complaints about them." Another person told us, "They (care staff) are usually always on time, if they are 5 mins late, they phone. They understand that I can be anxious and never let me down."

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.

- The manager was aware of the need to ensure people had access to information in a format they could understand. People's care plans contained information about how people communicated.
- Staff understood the importance of being clear when communicating with people.
- The registered manager told us they would review methods of communication in the event people needed this support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff shared positive working relationships with people which helped prevent people from becoming socially isolated.
- People told us staff took the time to speak with them during their calls and how they enjoyed this time. One person told us, "When they (care staff) have finished everything, they will sit and have a chat to me. I like that as well."
- Staff knew people well and what they liked to do and talk about. One staff member told us how one person had similar interests to them.

Improving care quality in response to complaints or concerns

- People and family members told us they had no complaints about the service but would contact the registered manager if they did.
- One person told us they were happy with their care and knew how to raise any concerns. They told us, "I have no complaints at all. They know what they are doing and look after me and are kind. I trust them. If anything was wrong, I would phone the manager, I have the number on a pamphlet."

End of life care and support

- Nobody was in receipt of end-of-life care at the time of our inspection. However, staff worked with people and their family members to ensure people's wishes and choices were considered and respected during their care and support.

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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was clear about their role and the actions needed to further improve the quality and safety of the service. Systems required improvement to ensure risks were clearly identified and safely managed.
- Audit checks of records including care records, recruitment records and medicine records had not identified areas needing further action we had found to ensure risks were safely managed consistently.
- Due to the short time the service had been fully operational, quality monitoring systems were in the process of being fully developed and embedded to monitor the quality of the service and gain people's views.

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

- People received person centred care which met their needs and achieved positive outcomes. The registered manager engaged with people and their relatives to ensure equality characteristics were identified and considered. Staff spoke of the positive culture of the service.
- The provider's policies considered the protected equality characteristics and were available to support staff when needed.
- One person told us, "Staff actually care, and they truly care for me. They ask me, 'Is this okay for you? Is this how you want things done?' They are not staff to me but friends."
- A staff member told us, "I like working for this agency, [registered manager] is very accommodating. [Registered manager] goes above and beyond, there is nothing she won't do for any of her clients that she has. She has such a caring nature it is a good company to work for."

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 provider was aware of their legal responsibilities under the duty of candour.
- The registered manager was aware of the need to submit statutory notifications to CQC when required. These notifications include the reporting of accidents resulting in injuries to people.

Continuous learning and improving care; Working in partnership with others

- Staff attended ongoing training and supervision meetings to support their continual learning and

improved care.

- The management team worked in partnership with other healthcare professionals when needed to help ensure people's care needs were maintained or improved.