

Mrs Patricia Margaret Board

The Care Company

Inspection report

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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 19 May 2016. The Care Company is a domiciliary care agency which offers personal care, companionship and domestic help to support people living in their own home. There are currently 15 people using the service.

The service has a registered manager. 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 were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had up to date information about people's needs which meant they were more effective in delivering appropriate care. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff supported people with their medication as required.

Staff had received regular training and had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, district nurse and the mental health team. People were supported with their nutrition and hydration needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff attended various training courses to support them to deliver care and fulfil their role. Staff received an induction when they first started work at the service.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

The Care Company

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.

The inspection took place on 19 May 2016 and was announced. We told the manager one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the manager at their office and spoke with them, we also spoke with three members of staff. We reviewed three care records, training records, two staff recruitment and support files and audits. After the inspection visit we undertook phone calls to four people that used the service and two relatives.

Is the service safe?

Our findings

People told us they felt safe using the service, one person said, "It's a great company, I feel safe with them." Another person told us, "It's a splendid company, I have been with them for a number of years now." A member of staff said, "We know the people we are going to see and we always carry identification passes, and we make sure we clear the codes on the key safes."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "We make sure people have a safe environment, if I was concerned about anything criminal I would report it to the office, or call the CQC or the police." We saw from records as part of the assessment process the manager asked people if they had any concerns about visitors they received and checked they felt safe in their own homes.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people's records and all receipts were kept. Where on occasion staff received gifts from people for example at Christmas this was also recorded with the approximate value of gift, who received the gift and who it was from.

The manager undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments included making sure the environment was safe, for example, that there were not any loose rugs or carpets that people could trip over. The assessments also checked that people had smoke alarms fitted or care alarms if needed. In addition the manager checked that people had regular checks on their gas and electrical appliances and that equipment was in good working order. A member of staff told us, "We make sure people are safe in their home, for example if they use a walking frame that there is no clutter they could fall over."

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, "I would make family members aware if I had concerns for a person's health or contact their GP and let my manager know." Another member of staff said, "If it was serious I would call for an ambulance." Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

There were sufficient staff employed to keep people safe. The manager told us that they were a small team and that they ensured there were sufficient staff employed to meet people's needs. If staff were on leave the team covered the calls between them and the manager took an active role in covering calls to give them an opportunity to work with people and review their care. The provider focussed their service in a small area, which made all the calls local to each other. Staff told us that they always had plenty of time to spend with people and never felt rushed. People we spoke with told us the staff were always on time. One person said, "The staff are always on time, on the rare occasion they are held up in traffic they always call and let me know." Another person said, "The staff are very prompt."

The manager had an effective recruitment process in place, including dealing with applications and

conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The manager told us that they had a very stable team and that staff had worked for them for a number of years. In addition they said most people when they came to work at the service were usually through recommendation. One member of staff said, "I heard about the job so sent in my C.V and then came and had an interview."

Staff supported people to take their medication as appropriate. The manager told us that staff had received training in the management and dispensing of medication. People's medication was usually supplied in blister packs from pharmacy. One person told us, "The staff sometimes collect my repeat prescriptions for me from the pharmacy. They have helped me sort out a better system for my medication." A relative told us, "The staff give the pills all correctly." The staff recorded medication on the administration cards and supported people to obtain repeat prescriptions if needed.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. We asked people if they thought staff had the correct training to do their job. One person told us, "The staff all seem to know what they are doing, I have no complaints." Another person said, "The staff all seem well trained." Staff told us that they were supported to complete nationally recognised training courses. The manager sourced additional training for staff to match the needs of the people they supported. For example, they had trained staff in supporting people with Parkinson's, dementia and catheter care. In addition the manager had supported a member of staff to take a lead on training staff in safeguarding and infection control. We saw in records and questionnaires the feedback the staff had given on the training they had attended, this demonstrated what they had gained from the sessions.

Staff undertook a thorough induction when they started at the service. The manager worked alongside new staff to ensure they had a good understanding of people's care needs. We were told that this would continue until the staff member was confident to work on their own and when the people they were supporting were happy with this. Staff confirmed that they had never supported a person on their own until they had been fully inducted. One member of staff said, "When I first started I worked with the manager and other staff. I was introduced to everyone and got use to what care they needed before I worked on my own." Staff received regular supervision from the manager and had a monthly team meeting. This helped staff to identify any additional training or support they might require.

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. People who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. We saw in records that the manager had carried out mental capacity assessments where appropriate. This told us people's rights were protected.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. One person said, "I mainly have the microwave meals for my dinner." Another person said, "The staff help me with my meals and sometimes we go out for lunch." Staff told us that they supported people with whatever food they wanted this may include making meals or sandwiches. One member of staff said, "We help people with all their meals, breakfast, lunch, dinner and make sure they have enough to drink and snacks." In addition staff said if they were concerned if somebody was not eating or drinking enough they would inform the manager.

People if required were supported to attend healthcare appointments. Staff told us they have assisted

people to go to hospital or doctor's appointments when required. In addition staff said that they worked with other health professionals such as district nurses and would call them to attend to people if they felt they required this.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. One person said, "They [staff] are all lovely ladies." A relative told us, "We are very happy with the service, they [staff] give very personal care."

The manager makes sure that people were happy with the staff that delivered their care. All staff were introduced to the person, they then worked alongside the manager whilst they developed their relationship with the person. People confirmed with us that they always had the same regular care staff at the same time of day. This meant people were receiving consistent care from the same staff.

Staff knew people well, including their life histories and their preferences for care. Staff told us how they enjoyed talking with people and listening to them about their lives. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. One member of staff said, "It is important to us that we can help people stay in their own home, rather than go into care homes." Staff treated people as individuals and knew for example, one person liked to eat their evening meal whilst watching the news, and another person liked to have their curtain left with a slight gap open when they went to bed. One person told us, "The girls [staff] are all lovely, I am glad I use them. They open the window for me and check if I need a scarf around my neck."

When talking with staff they were all very positive about the people they supported and spoke of them fondly. One member of staff said, "This has been a life enhancing experience for me, everyone has become like family to me." People we spoke with were very complimentary of the service, one person said, "They are a very good company." Another person told us, "They [staff] do everything for me, washing, ironing, change my bed, they do everything." A relative told us, "It is a very good company, I would recommend them to others."

People were actively involved in decisions about their care and treatment and their views were taken into account. The manager discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. When people first started using the service the manager carried out all the calls with the person as part of the assessment process and to ensure their needs could be met. Following this the manager maintained regular contact with people either personally or via telephone to check they were receiving the care they required.

People were always treated with dignity and respect. The manager ensured staff were trained properly and knew how to show dignity and respect to people. One person told us, "I have got to know the staff, they treat me with respect, I feel safe with all of them, and they have got to know my family too."

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. The manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. One person told us, "I met with [managers name] they came quite a few times and we went through everything." A relative told us, "[managers name] came to us and we went through the care plan and what we wanted together."

Following this meeting a care plan would be developed to outline how the person would receive support from the service. The manager worked with the person to ensure the correct support was in place and that the person was happy with the care they were receiving. Once this had been established staff would then work alongside them and there would be a gradual handover until they took over the care responsibility for the person. The manager then kept in regular contact with the person to ensure they were happy with the care they were receiving and that their needs remained the same.

If people's needs did change and they needed additional support the manager worked with community services to ensure people received the support they required. For example the manager told us they had arranged for support aids such as grab rails to be fitted to people's homes to help their mobility. Also if people's physical or mental health had deteriorated they have contacted people's GPs, district nurses or mental health teams to gain extra support and advice. This demonstrated the service was responsive to people's changing needs.

Staff supported people to follow their hobbies. One person liked to do knitting, so staff made sure they had the wool they needed and would supply this for them. Other people liked the company of the radio or television or liked to read, so staff made sure they had access to these things. Staff told us that one person who had poor sight they supported to listen to talking books, staff said, "[Person name] likes to listen to the books when they go to bed and during the day, so we make sure we move it for them from room to room so they have it at hand, and we post back the books when they have finished with them." Staff also acted as companions to people and went out into the community with them for meals, shopping or to visit places they wished to go to. One person said, "I enjoy going out with the girls [staff] for lunch or shopping." In addition the service engaged with people they worked with and others in the community by recently running weekly coffee mornings as a social event free for people to meet up and have social engagement.

The provider had a robust complaints process in place. The manager regularly gathered people's views on the service by visiting them or by talking to them on the telephone. People told us they did not have any complaints about the service they received but all said, if they did, they would speak with the manager or provider. Staff knew how to support people in making a complaint should they wish to make one. The manager provided people with contact numbers to call if they were concerned about their care and these included the local authority and the CQC.

Is the service well-led?

Our findings

The service had a registered manager. People were very complimentary of the manager and the provider. One person told us, "[name] is very good, they are always available." Another person told us, "It's an excellent company, I am so glad I found them."

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together. Staff told us, "We are a lovely team we all work well together." Staff shared the same vision of the service, to support people in their own home, to promote their independence and enable them to live a fulfilled life. One member of staff said, "We want people to stay in their own homes and environment to be happy and confident, rather than be in care homes." Another member of staff said, "It's all about the care, we try and do that extra bit more for people."

Staff received constructive and motivating feedback from their manager which improved their skills and care delivery. Staff were very complimentary of the manager saying that they were always available to give them support. One member of staff told us, "The manager is available 24/7, they always return your calls straight away." Another member of staff told us, "The manager has a very good work ethic they are very fair with everyone." Staff had regular contact with the manager through face to face meetings, regular telephone contact, staff meetings and supervision. Staff said they discussed people's care at these meetings, covered training and discussed policies and procedures. The manager was also planning to complete yearly staff appraisals in the summer to discuss staff performance over the last year and to discuss any development needs. The manager valued staff opinion on the running of the service and provided questionnaires to staff each year on the running of the service along with a questionnaire on staff related stress. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service through direct feedback, telephone calls and by using questionnaires. The responses and feedback from the last survey were all positive. They were distributed to people and relatives and the written feedback was very complimentary of the service people received. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

Staff knew how to treat people's information confidentially, although people's care records were kept in folder's in people's homes this was with their agreement. Information would then be taken to the main office and stored there within locked filing cabinets.

The manager had a number of quality monitoring processes in place, these included doing spot checks on peoples care and monitoring the support they received from staff. The manager also reviewed people's care records and written notes. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.

