

Staffordshire Healthcare Staffing Ltd

# The Care Company

## Inspection report

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25 March 2019

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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

About the service: The Care Company is a domiciliary care agency registered to provide personal care to people who live in their own homes. The service specialises in supporting older people living with age related conditions. Not everyone who used the agency was receiving support with their personal care. At the time of the inspection the service was providing personal care to 25 people.

People's experience of using this service:

Improvements had been made to the systems in place to monitor and assess the quality of the service people received.

People received a consistently good service that was safe and effective. Staff were kind and caring, knew people well and had a good understanding of their personalities as well as their health and social care needs.

People, their relatives and care managers had been fully involved in the assessment and planning of their care before they started using the service. A care plan had been developed with each person detailing their likes, dislikes, preferences and care needs.

Consent had been sought before any care had been delivered in line with legal requirements and people were supported to have maximum choice and control of their lives.

Staff treated people and their relatives with kindness, dignity and respect. People's privacy was protected and confidential information was stored securely. People were supported and encouraged to remain independent and do as much as possible for themselves.

Steps had been taken to make sure people were safe. Risks to people had been assessed and minimised in the least restrictive way. Staff had access to protective clothing such as gloves and aprons and had completed training in infection control.

Most people had their own team of safely recruited and trained staff who had a good understanding of their needs. Staff felt supported by management and office staff and had completed the training they needed to meet people's assessed needs. Management and staff worked in collaboration with other stakeholders such as health and social care professionals and people's relatives.

A complaints procedure was in place for people to follow.

The service met characteristics of Good in all areas more information is in the full report.

Rating at last inspection: Good (report published 1 June 2016).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

**Good** ●

### **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 well-led.

Details are in our Well-Led findings below.

**Good** ●

# The Care Company

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an expert by experience of supporting an older person completed this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of supporting an older person.

#### Service and service type:

The Care Company is a domiciliary care service providing support and personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service one weeks' notice of the inspection visit because it is small and needed to be sure that there would be somebody in the office when we called.

The inspection activity started on 12 March 2019 and ended 25 March 2019. We visited the office location on 12 and 13 March 2019.

#### What we did:

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We contacted the local authority to request some feedback on the service. We used all this information to plan our inspection.

During the inspection, we spoke with nine people and their relatives over the phone. We also spoke with the company director, two care co-ordinators and a healthcare support worker at the office. Following the visit to the office we spoke with a further four members of staff over the phone. We also received written feedback from two professionals involved in people's care. We looked at three people's care records and a selection of other records including quality monitoring records, recruitment and training records and accident and incident records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of avoidable harm. Staff confirmed they had completed training in safeguarding and would report any suspected abuse to the office.

The registered manager understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.

- People felt safe with staff. One person commented "Oh yes very safe and I've got my alarm."
- The provider had a whistleblowing policy and staff felt confident any concerns would be taken seriously.
- There was guidance in place for staff to follow so the service could continue to function in the event of an emergency.

Assessing risk, safety monitoring and management

- People's safety was maintained by staff.
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated. One person told us they had been assessed as needing two staff to support them to transfer and commented "There are no issues, I would say they are very competent and I don't have any problems with any of them."
- Care records provided clear information around identified risks that informed staff how to keep people safe from avoidable harm.
- Staff received training in safe moving and handling techniques and the use of equipment such as hoists. When asked if staff were trained to transfer their loved one safely using the hoist a relative commented "Yes, I think they are, I can relax when I am out".

Staffing and recruitment

- Sufficient numbers of safely recruited, suitably qualified and trained staff had been employed to meet people's needs and keep them safe.
- Staff arrived on time and stayed for the full duration of the call.
- Most people were usually supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.
- There were systems in place to ensure calls were covered if staff took unexpected leave.

Using medicines safely

- People received their medicines safely from appropriately trained staff. One relative confirmed their loved one received their medicines safely and commented "They (staff) do all that, she depends on them. They've got a good system and they watch her take it."

- People confirmed that staff signed the medication administration records (MARs) and supported them to take their medicines safely. One person commented said "They always record everything in the med chart".
- MARs were checked regularly to make sure they were accurately and fully completed.
- Appropriate guidance was sought and action taken when medication errors occurred. One person who had experienced a medication error told us "Staff rang the NHS number and got some advice". They also told us an apology had been given and the staff member had been supervised delivering care at their next visit by a senior member of staff.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment (PPE) such as gloves and aprons.

#### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred at the service. The registered manager had overview of these and monitored them for themes and trends.

# 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.

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

- Assessments of people's care needs were completed in good detail and included expected outcomes for people based on their needs and choices.
- Assessments were obtained from other health and social care professionals prior to people receiving support and used to help plan effective care for people.
- People and their relatives confirmed that people's care was delivered in line with the persons preferences and assessed needs.
- Staff knew people well and how to best meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to deliver safe, effective care and meet people's individual needs. People and their relatives felt most staff were skilled and delivered care safely and effectively. One person's relative told us "Yes they are trained well, and they do go into training quite often." A staff member told us they supported people living with dementia and told us "If I need help they (management) advise me. I did on line training in dementia and the different types of dementia. I learnt quite a lot from it."
- Staff felt supported in their role and were confident they had received all the training they needed to support people effectively.
- Staff had the opportunity to discuss their training and development needs at meetings with their manager and at an annual appraisal of their performance.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs. One person told us staff prepared their meals and commented "They do my breakfast, and they cook me a meal at lunchtime, I always choose."

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- Staff had good communication with health and social care professionals involved in people's care and followed the guidance they provided.
- Staff confirmed good communication with each other and with the office making sure any changes in people's care needs were communicated effectively.

## 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 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 whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- The provider and staff were aware of the people who lacked capacity to give consent to their care and treatment. They were in the process of ensuring that records showing relevant people had been involved in making decisions in people's best interest were maintained and that Power of Attorney documentation was seen.

# 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

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 were treated with kindness and were positive about the caring attitudes of staff. One relative told us they felt their loved one "Is really benefiting from having care, she fell over some time ago and lost her confidence but now she's chatty and happy. She even watches the clock and says, (staff members name) will be here any minute now.", There's one carer who she really loves, she'd like her to move in!"
- Staff knew people well and people spoke warmly about staff that supported them. One person commented "Some of the carers from the Care Company are wonderful, (staff name) is giving me really good care and cares about her job."
- Most people received support from regular staff that they knew well. One person confirmed this and commented "I get rota, every two weeks, I know whose coming in. I am fine with it all."
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. This information was detailed in people's care plans and staff used it to get to know people and engage them in meaningful conversations.
- People confirmed staff spent time talking to them and getting to know them.
- Staff could describe in detail people's personalities likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to regain and maintain their independence.
- People were treated with dignity and respect.
- Staff had received training in dignity and respect. They told us they always closed doors and curtains when delivering personal care.
- People felt staff were polite and treated them with dignity. One person commented "It's one to one care and I am very pleased with them, they are lovely girls." Another person told us "They are always polite and can't do enough for me."

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

- People were involved in planning and decisions about their care. One person told us they had participated in their care plan and commented "It's been delivered now, we talked everything through in detail."
- The relatives of people who lacked capacity confirmed they were consulted with about their loved ones likes and dislikes so their wishes on issues were being gathered and acted upon.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were planned for and kept under review. One person said they were happy with their care plan and commented, "It's reviewed every 12 months but if I have a problem and need to change it I can." A relative told us they were happy with their loved one's care plan and told us "I am happy with it, we have just had a recent review of it."
- Staff were responsive to people's changing needs. Staff reported any changes in people's needs to the office and people were reassessed if needed.
- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted.
- The information and communication needs of people with a disability or sensory loss had been assessed and documented as required by the Accessible Information Standard.

End of life care and support

- People's wishes on death and dying had been documented and staff were aware of people's preferences for whether they wished to be resuscitated if they stopped breathing. A staff member told us the care plan for one person they supported on a regular basis detailed their religious beliefs and stated they did not wish to be admitted to hospital.
- The provider had received letters and cards of thanks from relatives for the care provided to people who had received end of life care from the agency.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and investigated appropriately.
- People felt able to raise concerns and complaints and felt listened to. One relative told us they had the contact numbers of the office if they needed to call and commented "I speak to the carers, but I would always call the office if I deemed it to be serious." One person told us "I have got a little set of leaflets with all the numbers on".

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection improvements were required to ensure that all areas of service delivery were audited and monitored for quality. Since that time improvements had been made.
- There were systems in place to drive improvement by continually monitoring and assessing the quality of the service.
- There was an action plan in place to address shortfalls identified by the local authority quality monitoring team which was due to be completed by the 22 May 2019. Most of the improvements needed were in relation to record keeping and some changes had already been made.
- The lines of accountability were clear. Staff knew who their manager was and had no reservations about contacting them to discuss any issues that arose.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and provider promoted a culture of person-centred care. People and their relatives felt management were open and approachable and kept them informed.
- People and most relatives were happy with the way the service was managed and told us they would recommend them to others.
- Most people told us they received a rota in advance detailing which staff would be visiting them and when. People were notified without delay of staff were running late or if staff rotas had been changed. When asked if staff arrived on time on person commented "Yes normally they are on time, they can be a bit delayed but the carer rings me, or the office if it's something serious."
- Managers were clear with people about the times they could provide support. If people's preferred times could not be accommodated they were offered to them as and when they became available.
- Apologies had been given when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was an open-door policy at the service whereby the provider encouraged feedback from people, their relatives and staff.
- The provider engaged with people and their relatives on a regular basis using a range of methods including visiting their homes, over the phone and by customer satisfaction surveys.
- Staff were encouraged to visit the office or phone their manager to discuss any issues they may have.

- Most staff felt the communication between them and the office staff worked well. one staff member commented "I can talk to them about anything even personal stuff. They are really good with me in the office."
- Staff were asked for their availability. One staff member commented "I love my work. This company is really good and really flexible. They're are fitting calls in around me. I've been with them so long now they know when I can work".
- Staff were received thanks and recognition for their achievements and going the extra mile.
- The management team and staff worked closely with other partner agencies. Professionals involved in people's care felt that communication with the agency was good.

#### Continuous learning and improving care

- Results of satisfaction surveys were analysed and used to identify areas for improvement and published on the providers web site.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.