

The Care Company UK Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service:

The Care Company is a domiciliary care agency based in King's Lynn, providing personal care to people living in their own homes in King's Lynn and the surrounding areas.

At the time of this inspection, the service was providing care to 124 people and there were 62 staff.

People's experience of using this service:

People, and their relatives, were complimentary about the way in which care was delivered. They told us staff were caring and happy in their approach to work, the management was approachable and accessible and that they would recommend the service to others.

People usually received care on time and from carers that they had formed trusting relationships with. People were not always given information in advance about who would be visiting them and thought the provision of rotas would improve the service.

The provider had recently expanded the service. They had ensured they had sufficient staff who were well trained and provided high quality and effective care. Staff told us the provider was a considerate employer and staff retention was good.

The provider had fallen behind with some areas of record keeping and governance, such as care plan reviews and medicines administration audits. However, the provider had already employed additional staff to redress these shortfalls within a short timescale.

The provider completed person centred, outcomes-based assessments and was responsive to changes in needs and issues experienced by people using the service. There was not always appropriate attention to detail in aspects of their risk assessments and recording but this was not found to have impacted significantly on people using the service and the provider made plans to redress the concerns found.

Rating at last inspection:

At the last inspection, published in August 2016, the service was rated "Good".

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received, based on their rating at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people received safe, compassionate, high quality care. Further inspections dates will be planned based on information received and/or our inspection schedule.

For more details, please see the full report which is on the CQC website at 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 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 well-led.

Details are in our Well-Led findings below.

Good ●

The Care Company UK 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. 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:

This inspection was completed by an adult social care inspector, an assistant inspector and an expert by experience whom was experienced in caring for people with learning disabilities, older people and people living with dementia. 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:

The Care Company is a domiciliary care agency. It provides personal care to people living 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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection. We visited the office on 18 March 2019, to see the manager and office staff; and to review care records, policies and procedures. We visited two people who used the service on 19 March 2019 and made telephone calls to people using the service and care staff on 18 and 19 March 2019.

What we did:

Prior to the inspection:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events.

We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We reviewed information provided by completed CQC surveys from people who used the service.

During the inspection:

We spoke to 14 people using service and two relatives; the registered manager/owner, operational manager, training coordinator, care coordinator and seven care staff.

We reviewed five people's care records.

We reviewed five staff recruitment files.

We reviewed records relating to the management of the service including: accidents, incidents and complaints; audits and quality assurance reports; the service development plan; policies and procedures; training and supervision records of staff.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Using medicines safely

- Medicines management systems were mainly well organised and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The provider planned to audit the medicines administration recording monthly to monitor and respond to any errors found. These audits were found to not always be completed in a timely way and follow up actions were not suitably recorded. The provider assured us they had plans to improve their practice.
- There were no separate protocols for 'as required' (PRN) medicines. PRN protocols are needed to ensure staff have clear guidance on when to support people with their medicines that were prescribed to be administered when required. The provider immediately developed a protocol proforma and assured us that they would put individualised protocols in place quickly.
- Where it had been agreed for medicines to be prepared and left out for people to take there was not a suitable risk assessment in place.

Assessing risk, safety monitoring and management

- People's initial needs and desired outcomes were usually appropriately assessed. However, risks associated with people's care had not always been holistically assessed and mitigated for. For example, where someone had become unable to mobilise independently, there was not always a skin care assessment despite being at risk of developing pressure ulcers.
- Care reviews were significantly behind schedule with 38% of people using the service not being reviewed within the last year. However, the provider was aware of this issue and had already employed an additional member of staff specifically to address this issue with a schedule to complete this within the next three months.
- People told us the staff knew how to support them. One person said, "[The staff] know what they are doing, and they know what needs to be done."

Systems and processes to safeguard people from the risk of abuse

- People using the service felt safe with the care provided. One person said, "Yes, I do feel safe. They do a good job and I trust them." Another person told us, "I am safe because [the staff] are excellent at their job and they know what they are doing. They help me with my shower and they are very careful with me. I haven't had any problems with any of them."
- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive

training based upon these.

- Staff demonstrated a good awareness of the types of abuse possible, the safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them.
- The provider took appropriate steps to protect people from abuse, neglect or harm and the registered manager knew they had to report abuse to the local authority and CQC.

Staffing and recruitment

- People using the service told us they usually received care on time and whilst there was some inconsistency in staff attending, they usually knew the staff who cared for them. However, they told us they would like to have a rota in advance so that they knew who was coming when. The provider advised they were working to ensure people received their rota in advance.
- The provider operated a robust and thorough recruitment process to ensure that staff were of appropriate good character to provide care in people's own homes.
- The provider ensured they had enough staff with a rolling program of recruitment. This included a reward scheme for staff who recommended an individual to work for the service.
- The provider operated an electronic visit monitoring system which promoted good timekeeping.
- The provider demonstrated a high retention rate for staff, with a strong ethos of staff support and career progression opportunities.
- The provider ensured suitable contingency planning by cross training office staff in care to support any urgent cover requirements.

Preventing and controlling infection

- Staff were provided with suitable personal protective equipment such as gloves, aprons and foot protectors. One person told us, "[Staff] wear aprons and gloves and they wash the pots."
- Staff were able to explain safe practice in relation to maximising infection prevention and control, such as changing gloves between individual tasks.

Learning lessons when things go wrong

- Care staff were aware of how to report any accidents or incidents that may occur.
- Records showed that when incidents occurred the provider took appropriate actions with the individuals concerned and mitigated against future risks.
- The provider acknowledged that they needed a clearer process for evaluating and promoting the broader lessons learnt from incidents.

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

Good: 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 told us they received a visit to discuss their needs and preferences at the start of their care package. One person told us, "I had an assessment, two [staff members] from [the service] came to see me. They saw me before they started [working with me]."
- The service was person centred and assessed people's needs and individual preferences to enable them to achieve their desired outcomes.
- People told us the care was effective. One person told us, "They know what they are doing, and they know what needs to be done. It's all in the care plan."

Staff support: induction, training, skills and experience

- The staff described a comprehensive induction with training and shadowing of care until assessed as competent to work alone.
- The provider had incorporated into their induction, the 'Care Certificate', an industry recognised national training programme for staff working in health and social care.
- Staff told us they found the training was helpful and thorough. One staff member told us, "They give you good training here. They make sure you have enough training to do your job."
- Training areas for some staff required refreshing. For example, 30% of medicines administration training was over two years old and 20% of moving and handling training was over two years old. However, the provider had recently employed a training coordinator with the aim to ensure staff were kept up-to-date with training.

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

- People told us staff supported them to maintain good nutrition and offered them choice. One person said, "They make lunch for me and make me what I want and like to eat."
- We saw evidence that the provider monitored those at risk of malnutrition and assessed and mitigated for risks such as choking.

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

- People were supported to access health care professionals when necessary. One person said, "They help me with medical appointments and go in with me when I ask them to." Another person told us, "Once [staff] called the doctor as I had an infection."
- One family member described how staff supported them to maintain their family member's 's health, "The staff are aware of [family member's] skin integrity and they suggest ways that I can help look after [their] skin."

- We could see from the records that health care professionals such as district nurses, the GP, occupational and physio therapists and mental health services had been involved in people's care.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community services that application must be made through the Court of Protection.

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.

- The service was working within the principles of the MCA.
- Staff were able to explain how they put the MCA into practice. One staff member said, "We ask them what they would like. Those with dementia, they can get frustrated. We need to listen to them and talk to them, include them in the decision as much as possible."
- People told us they were always asked for consent. One person said, "They always ask me. I choose my clothes and they bring everything to me."
- Where mental capacity was limited the provider was not always recording sufficient detail to guide staff as to what decisions a person could make and who would make decisions in their best interests when they are not capable of doing so themselves. They agreed this could be improved as part of their scheduled reviews.

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

Good: 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

- Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted.
- People were listened to and their diversity and preferences respected. One person told us, "[The staff] are kind to me and help me as I want them to help me. I have a routine and [the staff] abide by my routine."
- Care plans were person centred and included people's views about how they wished to be supported.
- People using the service commonly described the staff as, "Happy." One person told us, "[Staff] are always happy and cheerful when they arrive; I've never had a grumpy one." Another person said, "They have a good attitude and are kind to me."
- The provider employed workforce of a diverse nationalities but worked to ensure all staff could communicate well with people using the service. This included pairing staff where English was their second language with English speaking staff until the provider was confident they could communicate well. People told us that they were able to communicate well with most staff. One person told us, "[Staff] are chatty and talkative but some have a limited vocabulary and trouble understanding me." Another person told us "[The staff] are all different... It's positive, I feel looked after."

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

- The views and preferences of people using the service were clearly expressed in their care plans and people had been involved in planning their care. One relative commented, "We are both involved in the care plan."
- People were given choice about the care they received. One relative said, "My [family member] can choose whether [they] want to have a shower or a wash, whichever [family member] wants." One person said, "The staff are always pleasant and ask me what I want doing."
- The provider contacted people using the service regularly to check they were happy with the service provided. Feedback was received individually and anonymously. Their recent anonymous annual customer satisfaction survey gave an overall satisfaction level of 97.8%.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's privacy and dignity, for example by ensuring doors and curtains were closed and dignity was maintained during supporting people with personal care.
- People were supported to be as independent as possible. For example, one person said, "I am very pleased. [Staff] help me with my exercises for my arms and legs... I have a sheet from the hospital. They observe me doing them and help me."
- Staff told us they tried to encourage people to do things for themselves, such as completing as many aspects of their personal care as possible or engaging them in activities of personal interest. One staff

member described, "We offer to do things with someone. Let them do what they can, we're there to reassure in the background, help if they need us."

- The provider demonstrated appropriate use of referrals to health professionals or other services to maximise independence; for example, occupational and physio therapists.
- The provider recently introduced a "Care2Go" service. This enabled people who were socially isolated or who had impaired mobility to access the community utilising the provider's accessible vehicle where appropriate and providing escorts for social outings or appointments as required.

Is the service responsive?

Our findings

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

Good: 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

- The provider completed a personal profile with people using the service entitled "About me", which detailed people's background and things that were important to them to support staff to build a rapport and personalise the care provided.
- People told us the provider responded to changes requested. One person told us, "They are very flexible if I need to change times and dates." Another person said, "The care plan is reviewed every year. [The staff] talk to me and ask me about changes. The [staff] arranged for me to have my meal later because that's what I prefer. It's very good. I have no complaints and never have."
- We found that people's care plan records were not always up-to-date and had not always been amended to reflect changes in need and outcomes required. However, the provider sent staff secure messages with any changes required and people using the service reported staff were meeting their changed needs in practice. The provider had a scheduled plan to update all care records within the next three months.

Improving care quality in response to complaints or concerns

- People told us they rarely had cause to complain, but when they did they were usually happy with the response. For example, one person said, "The supervisors come and visit and chat with me and my [relative] and they listen. They come every couple of months I think. We did ask them to alter some times [of visits] because I was being helped into bed too early. [Staff] addressed this and changed the times."
- We reviewed the complaints and concerns raised with the provider and found that the provider had responded quickly and appropriately. One person said, "I did have a complaint about them changing the times [of visits]. I rang the office and they changed the times back to what I wanted. [The registered manager] sorted it out. I'm happy how [the registered manager] sorted it."

End of life care and support

- The service was not supporting anyone with end of life care at the time of this inspection.
- The provider advised they were implementing new end of life care training for their staff.
- Staff noted the provider was very supportive when they delivered end of life care, ensuring the well-being of the staff as well as the person using the service and their relatives.

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

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

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 provider had a clear vision and strategy for providing high quality personalised care; offering a caring, skilled and reliable service.
- □ There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to. One staff member said, "They have an open-door policy and you always feel welcome."
- □ The provider was responsive and open with the inspection process; they quickly acted upon recommendations and demonstrated a willingness to continuously learn and improve.

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

- □ The registered manager was the owner of the service. They were committed to delivering a person centred, caring and reliable service to people in the local area.
- □ The provider had recently expanded the service but had been careful to ensure sufficient investment in staffing to maintain a high quality of service. The registered manager told us they always aimed to recruit more staff before agreeing to take more service users.
- □ The management team were cross trained in their roles to ensure continuity of service. The management team had clear roles and responsibilities which ensured good responsiveness, monitoring and quality assurance.
- □ The management had clear auditing systems in place and good oversight of the service. They were aware of some shortfalls in completing audits and care reviews within appropriate timescales and had already increased office staffing to redress these concerns.

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

- □ There were systems in place for gathering the views of people using the service. This included quarterly quality checks with each person using the service alongside an annual anonymous customer satisfaction survey. This latest survey gave overall satisfaction rating as 97.7% with all respondents willing to recommend the service to others in need of care.
- □ People using the service we spoke with told us the management team were accessible and responsive. One person said, "They are very helpful and pleasant in the office... [The registered manager] is approachable and has been here a couple of times to check on things."
- □ An annual anonymous staff satisfaction survey was also commissioned with 77% of respondents satisfied

with working for the provider and 96% willing to recommend the provider to work for.

- Staff told us the management were supportive and flexible. One person said, "I am glad I came to work here. I have come from a different [professional] background, they have done really well to help me."
- Staff meetings were held regularly to enable concerns to be raised; alongside sharing changes, learning and best practice.
- Staff and the registered manager had completed training in equality and diversity. The provider was proud of the diversity of its workforce and strove hard to ensure staff were fully supported and enabled to complete their work. No-one reported feeling discriminated against.
- The provider showed evidence of supporting people with protected characteristics including adapting provision for people with sensory impairments and physical disabilities.

Continuous learning and improving care

- Staff were provided with regular supervision and appraisals and there was a commitment to continuous learning and training.
- The provider had a strong policy of supporting staff development with career progression and rewards for good practice. Staff retention was consequentially good with the average length of service being over three years.
- All staff were provided with mobile telephones to enable good communication and monitoring of calls. The service development plan included plans to digitalise care plans and daily care logs to improve the service's effectiveness and responsiveness.
- The management were involved in several learning and development stakeholder forums such as the local care provider management forum.

Working in partnership with others

- The provider demonstrated close working relationships with allied health and social care professionals.
- The provider had worked with the local authority to develop a strategy to improve staff retention within the caring professions.
- The provider was actively engaged in the local community supporting and sponsoring various charitable events.