

Catherine Marr

Caring Companions

Inspection report

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Tel: 01744750624

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 13 December 2017 and was announced. We gave 24-hour's notice of the inspection because we needed to be sure that someone would be available in the office to assist with the inspection.

At the last inspection on 9 & 10 April 2015 the service was rated Good. At this inspection the service was rated Requires Improvement.

Caring Companions is a small domiciliary care service supporting people within the St. Helens area. At the time of our inspection they were supporting five older people with activities of daily living that included personal care. Three permanent staff were employed by the service and they also had one bank staff member to support with staff sickness and annual leave cover.

The registered provider at the service is also the 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.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered providers audit systems had failed to identify that policies and procedures held out of date information and required review and update. The registered provider did not have formal systems for the recording of staff supervisions and appraisals. The registered provider did not have a formal process for the arranging and recording of people's care plan reviews. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff training was not fully up to date and clearly documented. We have included a recommendation within the report for the registered provider to follow best practice to ensure they keep up to date with legislation.

Staff recruitment systems were safe and this ensured that only staff suitable to work with vulnerable people were employed. All staff had completed an induction that included shadow shifts prior to lone working with people. There were sufficient staff employed to meet the needs of the people supported.

Staff demonstrated a good understanding of safeguarding as well as the processes to be followed to protect people from abuse.

People had their needs assessed prior to them using the service. Care plans and risk assessments were in place to inform staff of how people would like to be supported. People and their chosen relatives participated in the preparation of their care plans.

People and their relatives spoke positively about the registered manager and staff. People told us they had developed positive relationships with staff and were treated with kindness. People told us that staff treated them with dignity and respected their privacy at all times.

People and their relatives knew how to raise a concern or complaint and felt confident that should they have any concerns they would be listened to and acted upon by the registered manager.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we found. We saw that the registered provider had policies and guidance available to staff in relation to the MCA. Staff demonstrated a basic understanding of this and had completed training. The registered provider had not been required to make any applications through the Court of Protection as people in receipt of the service were not deprived of their liberty.

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.

The registered provider employed sufficient numbers of staff and followed safe recruitment procedures.

Staff had all received safeguarding training and were familiar with the services reporting procedures.

People were supported to take their medicines safely and records supported this.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received all required training to ensure they had the right up to date knowledge and skills to support people.

Supervision and appraisal was not provided in line with best practice and the registered provider's policy.

People's rights were protected by staff that had knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with people and understood their individual care and support needs.

People were provided with care that was kind and compassionate.

People's rights to privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their individual needs and preferred routines.

People and their relatives knew how to make a complaint and felt confident they would be listened to.

Staff worked alongside other health and social care professionals and acted promptly on advice given.

Is the service well-led?

The service was not always well led.

The registered providers systems had failed to identify areas for development and improvement.

The registered providers policies and procedures required review as they did not fully reflect current practice.

People who used the service, relatives and staff told us, the registered manager was approachable and always available to offer support.

Requires Improvement 

Caring Companions

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.

This inspection took place on 13 December 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

During our inspection we visited two people in their homes and spoke with two relatives. We spoke with the registered manager, a team leader and a support worker. We reviewed two care records, three staff recruitment and training records as well as records relating to the management of the service. These records included medication administration records (MARs), accident and incident records as well as policies and procedures.

We also reviewed information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team who told us they had no immediate concerns regarding the service.



Our findings

People told us they were happy and satisfied with the staff that cared for them within their homes. Their comments included "I feel comfortable with the girls [staff] and they know what they're doing". A relative told us, "The staff always make sure [Name] is safe and well and promptly let us know if they have any concerns."

The registered provider employed sufficient numbers of staff to keep people safe and to provide an appropriate level of support. We looked at the recruitment files of three staff and saw that each held a completed application form and references that included one from their most recent employer. An up-to-date disclosure and barring check (DBS) was held for each staff member employed. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant people were supported by staff that were of suitable character to work with vulnerable people.

Each care plan file held an up-to-date moving and handling risk assessment, personal risk assessment, environmental risk assessment and a fire risk assessment. The documents included appropriate guidance for staff to follow to mitigate risks that had been identified. This meant staff provided the correct level of support specific to the individual to keep them safe.

Staff had all completed safeguarding training. Staff spoken with had a clear understanding of safeguarding procedures and their responsibilities in relation to this. They were able to describe the different types of abuse and felt confident of the processes to follow to raise any concerns they had. Policies and procedures were in place in relation to safeguarding vulnerable adults. These were under review at the time of our inspection.

People were supported by staff with the management of their medicines. People's care plans described the medicines they were prescribed as well as the level of support required from staff. Clear guidance for the administration of people's medicines was in place. For example one person required a medicated plaster for pain relief and clear guidance was in place for the administration of this. We looked at the medication administration records and these indicated that people received their medication as prescribed. Records showed all staff had completed up to date medication training. This meant people received their medicines as prescribed.

All staff had access to personal protective equipment (PPE). This included disposable gloves and aprons

that staff wore when undertaking personal care tasks. PPE is used to protect staff and people from the risk of infection being spread. Staff spoken with described the importance of hand washing on the arrival at each person's home and in between tasks undertaken. All staff had completed infection prevention and control training.

Accidents and incidents were fully documented and staff followed the procedure in place. Records showed that one incident had occurred since the last inspection. The document was fully completed and signed. The registered manager had reviewed the document and had discussed the incident with the staff concerned to take all reasonable steps to minimise future risks.



Our findings

People told us they had a small staff team that supported them and they knew each staff member well. Their comments included "They go above and beyond" and "Staff have all been very good and the all know what they're doing." One relative told us they had confidence in all the staff that supported their relative.

Records showed that staff had not completed all training relevant to their roles. Fire safety, first-aid, dignity, and equality and diversity topics had not been completed. This meant people may not receive the appropriate support as staff may not have completed the relevant training to support their individual needs.

We recommend that the service follow best practice for ensuring that staff undertake training to meet the needs of people and to keep them abreast of any changes in current legislation and codes of practice.

Staff told us they had regular informal supervision with the registered manager; however records were not available to support this. Staff told us they felt well supported by the registered manager. The supervision policy stated staff would have supervision six times a year. Supervision and appraisal are an opportunity for the registered provider to review each staff member's training and development needs. Supervision is a formal setting where performance issues can be discussed. This meant appropriate systems were not in place to effectively monitor staff performance.

Records showed that all staff had completed an induction at the start of their employment. Staff undertook shadow shifts prior to them working alone with people. The registered manager told us that this gave new staff an opportunity to read people's care plans, spent time to get to know them and understand their specific likes and dislikes. It also gave the person an opportunity to decide if they were comfortable with that staff member supporting them.

Staff had completed additional training relevant to the people they supported that included stroke and dementia awareness. Staff told us this had helped them understand these topics more fully and felt it had improved the support they offered.

Two members of staff had completed a Quality and Credit Framework (QCF) level 3 in health and social care. QCF is a nationally recognised qualification which demonstrates staff can deliver health and social care to a required standard.

Some people were assessed to receive support with meal preparation and to manage health related diets.

Care plans outlined the level of support required by each person to prepare meals and if any assistance was required with eating. For example one person required their meat to be cut in to small pieces to enable them to eat safely and independently.

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 or are helped to do so when required. When they lack mental capacity to make particular decisions, any made on their behalf must be done 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. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had a basic understanding of the MCA. The service did not have anyone supported with a Court of Protection order at the time of our inspection.

Records showed people's consent had been sought by the registered provider for the support they received. This included consent for the management of people's medicines and for the undertaking of personal care tasks. People told us they had been fully involved in the preparation of their care plans with the support of their chosen relatives.



Our findings

People and their relatives told us the registered manager and staff were all caring and kind. Their comments included "They [staff] all go above and beyond", "The registered manager and all the girls [staff] are all wonderful" and "They do so much more than my care plan, I truly could not manage without them." Relatives' comments included "Staff have all been very good" and "Staff couldn't be any better."

People told us that they had regular staff that knew them well and they had developed positive relationships with. Records confirmed people had regular staff visiting them at regular times. This meant staff had an opportunity to get to know people well and fully understand their individual needs, likes and dislikes. Staff told us that because they knew people well they could recognise any changes to their health and wellbeing very quickly and seek medical attention in a timely manner. For example, a person presenting as confused who would not normally, may have a urinary tract infection or other underlying health condition.

People told us that staff would always have time to sit and talk with them during each visit. People described the importance of this communication as they may not always see anyone else during the day. We saw staff interact positively with the people that we visited. The conversations were friendly, comfortable and staff were knowledgeable about each person they supported. One person demonstrated signs of anxiety and staff offered support as well as practical help and guidance to resolve their concerns.

We observed that staff respected people's privacy and dignity and sought permission before undertaking any tasks. Staff did not rush the people they supported and all tasks were undertaken at a pace that was appropriate to the individual. People told us that staff always announced their arrival even if they had a key to access the property. They said that staff always kept them covered up during personal care tasks wherever possible. They described staff ensuring that curtains were closed as well as bedroom doors when they were being dressed or undressed. This meant people's privacy and dignity was maintained at all times.

We saw that staff promoted choice and independence while they were supporting people. Choices included would they like a hot or cold drink and what filling would they like in their sandwich. One person told us that staff encouraged and supported them to be as independent as possible. They said this was very important to them as they didn't want to become any more dependent than they already were.

We reviewed the compliments that had been received by the service and one recent quote included 'Thank you for all your help over the past three years with [Name], I couldn't have managed without you'.



Our findings

People told us that they knew all the staff that supported them. They said they had regular staff who knew their routines well. Their comments included "No staff have ever refused to do anything I've requested" and "I have no concerns whatsoever". One relative said "Staff always ring me if they have any concerns, to keep me up to date" and "I have never had cause to raise any concerns."

Records showed an assessment of people's needs was completed by the registered manager prior to a person using the service. This information was used to develop each person's individual care plans and risk assessments. People and where appropriate their relatives were fully included in this process. Care plans we reviewed reflected people's individual needs and described in detail people's preferred routines. Care plans included information on people's physical well-being, mental health, sight, hearing, communication, continence, mobility and dietary needs. The documents included clear guidance for staff to follow which ensured people's preferred needs were met.

Care plans were reviewed regularly and changes were clearly documented. Any changes were shared with support staff which ensured people received continuity with their support.

Staff completed a daily record each time they undertook a visit. These records included the time they arrived and left as well as a signature. They detailed the tasks that had been undertaken, a reflection of the person's well-being and any additional support offered not included within the care plan. For example, one person had received a letter for a hospital appointment and the staff had booked hospital transport for them to be able to attend. People told us that these small additional tasks were what really made a difference to their lives.

Records showed that staff had contact as required with health and social care professionals, including district nurses and GPs. Staff clearly documented the reason for the contact and any actions that had been put in place. For example, one person was at risk of developing pressure sores and the district nurse had stated they must be showered daily and prescribed creams needed to be applied. This information was clearly documented and the care plan had been updated to reflect this. Another person's pain relief medication was not fully effective. Staff had arranged a medication review and the GP had prescribed a medicated plaster. Clear guidance had been included within the care plan for the application process of this for staff to follow. This demonstrated that staff promptly responded to people's changing needs to ensure their health and well-being was maintained.

The registered provider had a complaints policy and procedure in place. People and their relatives told us they felt confident to raise any concerns or complaints but had not had cause to do so. There had been no complaints raised since the last inspection.



Our findings

People and their relatives described the registered manager as caring, approachable and supportive. One person told us "[Name] is lovely and always make sure I have the support that I need" and another said "The service is wonderful, meets all my needs."

The registered provider was also the registered manager at the service and they had been in post since the service opened.

The registered provider had failed to identify that staff training and competencies were not in place and up to date for all required topics. This meant staff may not be up to date with their knowledge, skills and competencies essential for them to fulfil their role.

Records showed that the supervision and appraisal of staff was not formally recorded to confirm it had taken place. Supervision and appraisal of staff is an opportunity for a registered provider to review staff performance and to discuss any training and development needs.

The registered provider's policies and procedures all required review and update to ensure that they held accurate information to give staff clear guidance. For example, the safeguarding policy was out of date as it referred to the national minimum standards and criminal records checks which are no longer used. The registered provider and staff were following the local authority guidance and procedure which was up to date for any concerns raised. The record keeping policy required additional information to include data protection to ensure all staff were fully informed. Some policies that included the infection control policy were not dated.

The registered manager told us they reviewed care plans, daily records and medication administration records (MARS) however this was completed informally and records did not confirm the audit processes in place. We saw evidence of care plans and risk assessments having been updated following any changes to people's needs. However; there were no formal systems in place to demonstrate the people's care planning, medication and daily records were reviewed on a regular basis.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they worked with the registered manager every week as they supported people within their

own homes. They described feeling fully supported by the registered manager and that they were always available for advice and support. The registered manager undertook regular spot checking and monitoring visits with staff and identified areas for development and improvement.

People told us the registered manager visited them regularly and always asked if they were satisfied with the service. People were regularly invited to complete quality questionnaires. Recent comments had included 'Carers [staff] are meeting my needs' and 'Staff help me with my independence'. All questionnaires reviewed included positive responses and comments throughout. This meant people were encouraged to give feedback about the service they received.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

The rating following the last inspection was prominently displayed in the office of the service.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Policies and procedures were not up to date. Audit systems were not formally completed and had not identified areas for improvement and development.