

Catherine Marr

# Caring Companions

## 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 

### Overall summary

We inspected the service on the 9 & 10 April 2015. We gave the provider a short amount of notice that an inspection of the service would take place. The Domiciliary Care Agency provided care and support to people living in their own homes.

At the time of our inspection there were five people using the service with a variety of needs, mainly older people.

The registered provider of the service is also the manager of the service.

At our previous inspection we found that the registered provider was not meeting two regulations. These related to people not being asked for their consent, before they received any care and there was no effective system to regularly assess and monitor the quality of service that people received in place. The registered provider sent us an action plan outlining how they would make improvements.

We checked for improvements during this inspection and found that the registered provider had made the

# Summary of findings

improvements needed. We found that people had been asked for their consent before receiving a service. We saw consent forms which had been signed and dated by the person who used the service or their representative.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. We visited people in their own homes and they told us they were satisfied with the care and support provided. They had developed good relationships with their support workers and told us they were treated with kindness and respect and felt safe using the service. People told us that if they had any issues or concerns they were confident that they would be appropriately dealt with by the service.

Staff we spoke with had a good understanding of the needs of people they supported and were positive about their role and the support they received from the service. Staff received on-going training to ensure they had up to date knowledge and skills to provide the right support for the people they were supporting. They also received regular supervision, appraisal and observations of their work practice.

Staff recruitment procedures were satisfactory, with evidence of appropriate disclosure and barring checks and references being obtained before commencing employment.

Staff were complimentary about the manager and had no concerns about raising any issues or concerns.

People's care needs were assessed and care plans were put into place to meet those needs. People's wishes and preferences were recorded in their care plans. Risks to people's health and well-being were identified and risk assessments were in place to manage those risks.

People had been supported to access healthcare professionals, when needed and people's medicines were appropriately managed and administered safely. People had signed and dated consent forms, regarding medication.

The manager understood the principles of the Mental Capacity Act and how they might apply to the people who used the service.

# Summary of findings

## 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.

We found the service had satisfactory safeguarding procedures in place, with staff having received appropriate training.

The registered provider had the necessary recruitment and selection processes in place which meant only staff suitable to work with people using the service were employed. This helped to ensure that people would be protected.

We saw that the administration of people's medication was managed safely.

Good



### Is the service effective?

The service was effective.

People's consent to care had been appropriately obtained and recorded.

Staff had the skills and experience they needed to meet the needs of the people they were supporting.

Good



### Is the service caring?

The service was caring.

We saw care and support being provided to people with patience, kindness and understanding. We observed people being encouraged and motivated to make choices.

People were treated with dignity and respect, with staff providing support and care in a dignified manner. People had their needs assessed and staff knew how to support people in a caring and sensitive manner.

People's care records gave clear guidance to staff of how people needed to be cared for and supported.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to make their views known about the service and raise any concerns they had. These were appropriately responded to.

Staff had a good understanding of people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



### Is the service well-led?

The service was well led.

The provider also managed the service.

There were quality assurance systems in place to monitor the service provision. We saw that when any issues had been raised they had been appropriately addressed.

Good



## Summary of findings

Staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

The provider had kept us (CQC) informed of statutory notifications including incidents and safeguarding.

# 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.’

The inspection took place on the 9 & 10 April 2015 and was announced. We informed the provider of the inspection two days prior to our visit because the provider is also involved in providing care and we needed to ensure that they were available to talk to us.

The inspection was carried out by an adult social care inspector. Before our inspection we reviewed all the information we held about the home. The local authority did not commission any care packages from the service.

During our inspection, we spoke with three of the five people who used the service. We spoke with the owner/provider and two of the three members of support staff employed at the time of our inspection.

We looked at the care files of the five people who received a service, the staff training records and the policies and procedures, including recruitment, the administration of medicines, safeguarding and whistleblowing.

# Is the service safe?

## Our findings

People using the service told us they felt and confident with the support workers that came into their homes. Some of the comments were, “I always feel safe with the people who come to me” and “I definitely feel safe with the girls”.

The registered provider had ensured there were enough support workers available to meet people’s needs before agreeing to take on new care packages. She had also developed clear geographical boundaries to ensure that care workers had enough time to travel between calls. This meant that people’s care and support was provided at an appropriate time and there were sufficient staff available.

We checked the safeguarding and whistle blowing policy and procedures and we found they were up to date and satisfactory. The two staff we spoke with told us they received regular training

about how to protect people from the risk of abuse and records we looked at confirmed this.

Staff knew about the different types of abuse and were able to tell us the appropriate action they would take to raise an alert with the local authority safeguarding team.

We were aware that the registered provider had previously made a safeguarding alert to the local authority and informed CQC of the safeguarding issue. This was managed and dealt with appropriately by the service.

We looked at people’s care records and found they included individual risk assessments which identified potential risks to people’s health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls and an environmental risk assessment had been carried out for each person’s home. These risk assessments detailed the action staff should take. Staff had a good understanding of people’s needs, including any individual risks so were aware of how to provide care and support in the safest way.

The registered provider had the necessary recruitment and selection processes in place. We looked at the staff files for the three members of staff and we found that appropriate checks had been carried out, including pre-employment checks such as written references and satisfactory disclosure and barring service clearance (DBS) checks.

The registered provider had regularly carried out checks to ensure that people’s medication was being managed and administered in the safest way and staff had received appropriate training.

# Is the service effective?

## Our findings

People told us they received effective care that met their needs. People were very positive about the service and support they received from support workers. Comments included, “They always turn up on time, can’t praise them enough” and “More than happy with the service. I am also involved in arranging the rotas for my service”. We saw that the service encouraged the person’s involvement.

We saw consent forms had been signed and dated by people who used the service to show that they had given their consent to receive the support that was provided. People told us that support workers also discussed their care needs with them on a day to day basis. Some of the comments were, “They always ask me what I need, I have very poor eyesight and they are really helpful” and “They help me to do things for myself”.

Records were clear about what people’s decisions, preferences and choices were with

regard to their care provision and the staff we spoke with understood the importance of gaining people’s consent wherever possible. Staff we spoke had a good understanding of the needs of people who used the service and were able to tell us about people’s personal preferences and individual needs.

People we spoke with were confident that the staff were sufficiently trained and knowledgeable in order to be able to deliver effective care to them. People who used the service commented, “They are really good, always know what to do” and “The support workers help me with my GP appointments and help me with ordering my prescription”.

Records demonstrated that people had received health care services, such as GP visits and district nurse services, which had been either accessed by support staff on people’s behalf or people had been supported to contact health professionals themselves.

Staff informed us that they had received up to date and relevant training including, dementia awareness, dignity and respect, safeguarding, infection control, nutrition, health and safety and medication training. Records we looked at confirmed that this training had taken place. We found that staff were required to complete a programme of training to enable them to deliver appropriate care and support to the people they supported. Staff also received on-going support through the use of regular supervisions and observations [spot checks in people’s homes] of their work practices by the manager. This meant that staff had been supported to deliver effective care that met people’s assessed needs.

Some of the people who used the service made their own meals or had family support and did not require support from staff with nutrition or hydration. However, where people did require further support in these areas, their care plans provided clear guidance to staff about how people’s nutritional needs should be met and what their preferences for food and drink were. A daily record was kept for one person’s meals and drinks. This was to ensure that the person was receiving sufficient nutrition, which was carried out with agreement from the person.

Daily communication notes recorded that appropriate support was being given and when it was required. This meant that staff were clear about their responsibilities for each individual person.

# Is the service caring?

## Our findings

People we spoke with were positive about the support workers and the way they were cared for and supported. Some of the comments included, “The carers are always courteous”, “I am always treated with dignity and respect” and “I am very satisfied with the care I receive”. People also told us that care workers provided care in accordance with their wishes and preferences. For example, one person said, “I can ask them anything and they are always willing to do what I ask”.

People who used the service had been involved in decisions about their care and support. We found they had been involved in the assessments of their needs when they first began to use the service and that these had been incorporated into care plans which were then shared with people and their representatives.

There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected

and records showed that staff had received training in these areas and the staff we spoke with confirmed they had received training in dignity and respect. The staff we spoke with had a clear understanding of how to promote dignity and respect. Comments were, “With dignity and respect, I think confidentiality is very important. I would never discuss a service users care with anyone else” and “I ensure that when I am providing personal care, I always make sure privacy is maintained”. The examples given, demonstrated their understanding in this area.

Staff spoke positively about the support they were providing and felt they had good relationships with the people they supported and cared for. For example, one staff member told us, “I love this work and I treat people like they are my own family”.

We observed staff members supporting people in their own homes. We saw people being treated with dignity and respect, with staff providing support and care in a professional and sensitive manner.



# Is the service responsive?

## Our findings

People told us they were encouraged to make their views known about the care and support they received. The manager told us that people had opportunities to provide feedback on the service they had received, including the use of questionnaires, care plan reviews or through on-going communication. We saw that survey questionnaires had been received from the five people or their representative who received a service in January 2015. The surveys were all positive about the service that had been provided, with some comments being, “I am really satisfied with the service provided” and “I am really happy with the care I receive. I am encouraged to do things for myself”. The manager informed us that, “survey questionnaires are now being sent out every three months”.

People’s care plans were in place to inform staff of people’s individual needs and how their care and support should be provided. These records gave staff clear and detailed guidance about how people’s care should be delivered to ensure their health and well-being. They also gave guidance to staff about what tasks should be completed at each care call and what action staff should take if there was an issue or problem.

In the five care records we looked at we found that as well as an initial assessment, risk assessment and care plan, other information about the person was recorded. This information included the person’s life and social history and their cultural and religious needs. We found that care records were clear about people’s personal routines and there were details about how people would like their care and support provided. This meant that staff had access to important information about the person that would assist them to meet people’s individual needs.

The people we visited all agreed that their care workers knew them well and commented positively about their experiences.

People and their relatives had been spoken with during reviews of their care and any comments or suggestions made had been responded to appropriately by the registered provider.

People told us they knew how to make a complaint if there were issues around their support or care. No complaints or concerns had been received by the service. The registered provider had an appropriate complaints policy in place. A copy of the complaints form was available in each person’s care file in their own homes. One person said, “Never complained or had any reason for concern, but would know what to do if I needed to complain”.

# Is the service well-led?

## Our findings

At our last inspection we found the registered provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found improvements had been made. The registered provider had implemented a quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included reviews of people's care plans, risk assessments, audits of staff training, regular supervisions, and regular observations of staff practice, which included competency checks, observations of staff interactions with people and checks of how they were carrying out the care and support in people's homes. This helped to ensure that people who used the service were appropriately supported and cared for by staff that were trained and supported by the service.

The people we spoke with were positive about the way the service was run and managed, comments included, "I am very happy with the care I receive. I know I can always contact the manager if I have any concerns" and "I am more than happy with the service and the care I get".

The staff we spoke with were positive about working at the service and they told us how the manager had supported them. One staff member said, "The manager is really approachable and I wouldn't hesitate to contact her if I had a problem". The staff also said, the manager was 'hands on' which meant that she worked alongside them to provide care and support to the people they support.

We saw that people using the service had been encouraged to share their views in regular reviews of their care, through the use of a survey and during on-going communication. We observed the returned service user surveys three of the five sent out had been returned. They were positive about the service and complimentary about the staff and the manager.

We found that people's views, comments and concerns had been appropriately considered and responded to by the manager. This demonstrated that the service had implemented a system to review how it was run in order to monitor and improve the quality of service being provided.

We found there were systems in place to make sure that the registered provider had learnt from previous events, such as incidents, accidents and safeguarding. This helped to show that potential future risks to people had been reduced.