

Caring Companions Homecare Limited

# Caring Companions Homecare Limited

## Inspection report

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30 January 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

What life is like for people using this service:

- \* The provider continued to provide a good service.
- \* People were kept safe from the risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.
- \* People received their medicines safely and as prescribed and were protected from the risk of infection.
- \* People were supported by sufficient numbers of staff required to meet their needs. Staff were safely recruited to ensure they were suitable to work in a care service.
- \* Staff received regular support and supervision which enabled them to provide good care.
- \* People were supported by staff who were trained and knew how to uphold people's rights in line with the Mental Capacity Act 2005.
- \* People were supported to have sufficient amounts to eat and drink and to access healthcare services where required.
- \* Staff were kind, caring and were described as 'going the extra mile' in the care and support they provided. People were treated with respect and staff understood how to protect people's right to dignity and privacy. People were enabled to make choices and decisions about their care and supported to maintain their independence.
- \* People received personalised care from staff who knew them well.
- \* Staff understood the importance of reducing the risk of social isolation for people.
- \* Systems and processes were in place to support people and relatives to raise concerns and complaints.
- \* There were systems in place to monitor the quality of the service provision.
- \* The provider sought the views of people, relatives and staff and these were used to support service development.

Rating at last inspection:

Good. The last inspection report for Caring Companions Homecare Limited was published on 19 April 2016.

About the service:

- \* Caring Companions Homecare Limited is a domiciliary care agency that provides care to people in their own homes in the Leicester area.
- \* At the time of our inspection there were 11 people using the service.
- \* The service supported older and younger people, some of whom had physical disabilities or were living with dementia.

Why we inspected:

- \* This was a planned inspection based on the rating of the last inspection. The service remained rated as Good overall.

Follow up:

- \* We will continue to monitor the service to ensure people receive safe, compassionate, high quality care as

per our inspection programme.

## 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** ●

# Caring Companions Homecare 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

The inspection was carried out by two inspectors and an expert-by-experience. 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:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults, people living with dementia, mental health and learning disabilities.

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:

This inspection took place on 28,29 and 30 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Inspection site visit activity started on 28 January 2019 when we undertook telephone calls to people and their relatives. We visited the office location on 29 January 2019 to see the manager and office staff; and to

review care records and policies and procedures. The inspection ended on 30 January 2019 when we made telephone calls to staff.

When planning our inspection, we looked at information we held about the service. This included notifications about significant incidents in the service which the provider is required to inform us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people and five relatives by telephone. We also visited two people in their own homes and met with one relative. We also spoke with the provider who was also the registered manager and spoke with five care staff.

We reviewed four people's care records, two staff recruitment and training files and other records pertaining to the day to day management of the service including the provider's quality assurance systems.

We requested additional evidence to be sent to us after our inspection This was received and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe - this means people were protected from abuse and avoidable harm.

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

### Systems and processes

- \* There were systems and processes in place to ensure people were safeguarded from abuse.
- \* People told us they felt safe and this was confirmed by their relatives. One person told us, "My carer always makes sure I am safe, when they are helping me and when they arrive and leave. They announce their arrival by using the key safe and ringing the bell so I know they are in the house. They always make sure my home is secure when they leave."
- \* A relative told us, "[Name] shows specific signs if they are anxious and I have never seen these when the carers are looking after [Name] which is the test for me that [Name] is safe and happy."
- \* Staff were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk. They understood how to raise concerns about potential malpractice in the service with relevant external agencies if they needed to.
- \* Staff had received training on safeguarding adults. The provider's safeguarding and whistleblowing policies provided detailed information and guidance for staff and included contact details of relevant agencies.

### Assessing risk, safety monitoring and management

- \* Risks people were exposed to had been assessed and records included the actions staff needed to take to keep people safe. Risks were regularly reviewed and actions taken to keep people safe.
- \* Risk assessments included risks associated with people's health conditions and their home environment.
- \* We found some records required further detail to ensure staff were provided with detailed guidance on how to keep people safe. For example, one person used equipment to move around but this was dependent on their day-to-day ability and well-being.
- \* Staff demonstrated they had good knowledge of the potential risks for each person, but this information was not reflected in all risk assessments. The registered manager told us they would review records to ensure they were more detailed.
- \* Some people using the service could become anxious or distressed resulting in behaviours that could challenge. Care plans guided staff on appropriate interventions but did not always inform staff on the nature of behaviours and what the behaviours looked like. This is important to support staff to intervene at an early stage.
- \* Staff demonstrated they understood how to support people when they became anxious. The registered manager told us they would review behaviour strategies to ensure records were more detailed.

### Staffing levels

- \* People told us they had regular carers who arrived on time and stayed for the full duration of the call, sometimes longer if needed. A relative told us, "[Name] needs two carers for each visit. Both carers always arrive together and there has never been a time when one has been waiting for the other."

\* The provider had processes in place which ensured there were always sufficient staff available, with the required skills and knowledge, to meet people's needs.

\* Staff had been recruited safely. Checks had been completed before staff started working in the service. These included asking for a full employment history, including evidence of any gaps, proof of identify, references and obtaining a criminal history check from the Disclosure and Barring Service (DBS). The provider told us they were reviewing their policy on DBS checks of staff and planned to re-check staff every three years rather than the current five yearly checks.

#### Using medicines safely

\* People told us they received their medicines safely and as prescribed.

\* One person told us, "The carers will put the tablets in my hand and give me a drink. Once I have taken them, it all gets written up in a chart. I've never missed any tablets."

\* A relative told us, "I have to say they [staff] are very good at recording medicines accurately in the records. I sometimes have a look to make sure there are no missed doses and I've never seen evidence that there have been." People told us they valued the support they received to manage their medicines, as the registered manager helped to ensure their medicines were reviewed regularly by their GP and liaised with pharmacists to ensure prescriptions were correct.

\* Care plans included the level of support people needed to take their medicines. Records were in the main completed accurately, although there were gaps on medication administration records (MAR) that were not supported by an explanation. The registered manager explained these were occasions when relatives had administered medicines. They told us they would ensure clear codes were used by staff.

\* Some people required staff to apply topical medicines, such as creams and lotions. Although these were identified on people's MARs, there was no additional information to guide staff on the correct area of application. The registered manager told us they would implement body maps to ensure correct application of topical medicines.

\* Staff told us they had received training in how to administer medicines and this was confirmed in the training records we reviewed.

#### Preventing and controlling infection

\* Staff understood how to protect people by the prevention and control of infection. One person told us, "They [Staff] always wash their hands as soon as they come in the door and then the gloves are on and off quite a few times while they are with me. They wash their hands just as they are on their way out. Other people could take a lesson in hygiene skills from them!"

\* We saw staff wore protective equipment, such as gloves and aprons when supporting people with personal care and disposed of these, and other clinical waste, safely in people's homes.

\* The provider undertook spot checks to ensure staff followed policies and best practice in protecting people from the risk of infection.

#### Learning lessons when things go wrong

\* The provider had systems and processes in place to support effective reporting, recording and analysis of incidents and accidents within the service.

\* The provider was committed to learning from any mistakes, which included consulting with people, relatives and staff.

# Is the service effective?

## Our findings

Effective - this means 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

\* People's needs had been assessed and reviewed. Assessments of people's needs were comprehensive, expected outcomes were identified and these were used to develop people's care plans.

\* Protected characteristics under the Equality Act had been considered. For example, people's cultural and religious needs and lifestyle choices had been discussed and included in people's care plans. This helped to ensure people were protected from discrimination.

Staff skills, knowledge and experience

\* People and relatives felt staff were well trained. One person told us, "They [Staff] certainly have all the skills and training they need to look after me. They have to do refresher and update training once they have been with the agency for a while so their skills don't get rusty at all."

\* Staff had received appropriate training to enable them to meet people's needs. Staff we spoke with were competent, knowledgeable and skilled. They described a range of training which the provider required them to complete before they began to support people. Staff valued the training as they told us this helped them improve the quality of the care they provided.

\* Training records showed staff were supported to complete a wide range of training, including development training and training in specific health conditions where required.

\* Staff told us they felt supported by the registered manager, received regular supervision and feedback about their performance.

Supporting people to eat and drink enough with choice in a balanced diet

\* People were very positive about the support staff provided with meals and drinks. One person told us, "Staff will make my food for me. They help me choose what I want to eat and never fuss about making it for me. They are very good are trying to encourage me to have at least a bit of fruit and some vegetables every day."

\* A relative told us, "[Name] carer is very good at making sure [Name] keeps her drinking up. Without prompting [Name] would probably sit there all day having nothing."

\* We saw staff were attentive to people, involving people in making home cooked meals to encourage their appetite. People were supported to have drinks during visits and were left with drinks to be consumed between visits to reduce the risk of dehydration.

\* Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs and health professionals were involved were required to support people and staff.

Staff providing consistent, effective, timely care

\* People felt they had access to any healthcare services they required and staff were quick to respond to

changes in people's health and well-being. One person told us, "I did experience a fall some months ago. When my carer came in, they immediately contacted the emergency services who took me to hospital. My carer stayed with me at the hospital until my family arrived. The support was invaluable."

\* A relative told us staff were exceptional at informing them of any changes to their family member's well-being.

\* The registered manager was proactive in liaising with health and social care professionals in ensuring people had access to the healthcare they needed, and in providing advice and guidance to relatives. This helped to support people to maintain their health and well-being.

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. The application process for this is through the Court of Protection.

\* People's care plans included an assessment of their mental capacity. Where people lacked mental capacity to make specific decisions, the registered manager had ensured appropriate authorisations were in place. For example, legally appointed persons or best interest processes.

\* Staff had received training in MCA and understood the importance of seeking consent before supporting people and we saw them put this into practice.

\* Care records guided staff on the support people needed to make decisions and choices about their care which helped to ensure people had maximum control of their care and support.

# Is the service caring?

## Our findings

Caring - this means 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

- \* People and relatives provided consistently positive feedback about staff and the service.
- \* Comments included, "The staff are absolutely lovely, they look after everything. My carer would do anything for you. They improve life altogether," "The carers come into our family home. They are respectful, make sure the door is shut when they are supporting [Name]. It isn't re-opened until {Name} is dressed. I appreciate staff concentrate on ensuring [Name] privacy is maintained at all times," and "Nothing is too much trouble for the staff or [Name of registered manager]. People can be lonely in their own homes and the staff take the time to chat which is lovely."
- \* Staff spoke about people with kindness and compassion and often went out of their way to help people, such as putting refuse bins out and picking up shopping items on their way to people.
- \* Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable of these and used this information to provide personalised care.
- \* We saw staff reassured people when they were feeling anxious. When comfort was needed, this was given in a respectful but compassionate way.

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

- \* People felt involved in their care and we saw staff actively encouraged people to make their own choices. For example, what they wanted to eat and drink.
- \* Care plans showed people were involved and consulted about how they wanted their care to be provided.
- \* Staff ensured they involved relatives where people were unable to make decisions regarding their care and support.
- \* The provider had details of advocate services which people could access to ensure someone could support them and ensure their views were listened to.
- \* Staff were skilled in communicating with people. The registered manager had matched people and staff from similar cultures or backgrounds. This helped to ensure understanding and good communication between people, staff and relatives.
- \* A relative told us staff had gone out of their way to ensure they understood their family member's non-verbal communication, such as gestures and body language. This had reduced the person's anxiety and helped them to be involved in their daily care.

Respecting and promoting people's privacy, dignity and independence

- \* People and relatives told us staff protecting people's right to receive care and support in a dignified manner. Staff were committed to protecting people's privacy and we saw staff upheld these values when they were supporting people with personal care.
- \* Care plans included people's preferred names or terms of address and we observed staff used these

respectfully.

\* People were supported to do as much as possible for themselves. Care plans included people's abilities.

\* Staff understood the impact of people's health and well being on their ability to maintain or develop their independence. For example, one person's mobility had recently changed through an improvement in their overall health. Their care plan had been updated to reflect this and ensure staff only provided support where needed.

## Is the service responsive?

### Our findings

Responsive - this means that service met people's needs

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

Personalised care

\* People felt they received personalised care from staff.

\* One person told us, "From the first meeting I really felt that I was the important one and the agency truly wanted to know how they could deliver the care I wanted when I wanted it."

\* Care plans included people's life histories, significant events and people and relationships that were important to them. This information, together with people's desired outcome for their care, preferences and wishes, supported staff to provide care that was very personalised.

\* People received care from consistent staff who knew them well.

\* Staff responded to changes in people's needs. For example, where one person's visit was taking longer than assessed, the registered manager contacted health and social care professionals to review the person's needs. This helped to ensure the person received the right amount of care and support they needed.

\* The registered manager ensured that staff had a good awareness and understanding of different cultures and backgrounds, which helped to reduce the risk of discrimination. For example, where English was not people's first language, they received care from staff who were able to communicate in their language.

\* One relative described staff awareness of their religious and cultural needs, which included flexibility with the service to support the relative to attend religious ceremonies throughout the year.

\* Where required, staff supported people to go out into the local community, e.g. shopping or walking in the local parks.

\* Staff understood their role in reducing the risk of social isolation for people. They spent time chatting and engaging with people during each visit.

\* The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) but had yet to develop a framework detailing how they complied with this. The AIS makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand the information they are given.

\* Care plans documented how people communicated and received information. The registered manager ensured that, where people used specific communication methods or where English was not their first language, staff had the appropriate skills and knowledge to ensure information sharing was effective.

Improving care quality in response to complaints or concerns

\* The provider had procedures which outlined a structured approach to dealing with complaints in the event of one being raised. The registered manager saw complaints and concerns as an opportunity to review and improve the service. The service had not received any complaints.

\* People and relatives knew how to raise concerns and complaints and had confidence these would be dealt with in a professional manner.

End of life care and support

- \* The provider had policies and processes in place to support people who required end of life care and support.
- \* Staff had completed training in end of life care and were able to work in partnership with other agencies to ensure people received care in line with their needs and wishes.
- \* There were no people using the service who required this level of support at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led - this means 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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

\* People and staff spoke positively about the leadership of the service. People and relatives all knew who the registered manager was. Comments included, "[Name of registered manager] is one of the most approachable managers we have come across. Easy to get hold of when you need to and always keeps us as a family involved in everything," and "I would definitely recommend them to anybody. In fact, we have already recommended them on more than one occasion."

\* Staff spoke highly of the leadership and management of the service. One staff member told us, "[Name of registered manager] does a lot in his own time for people. He goes the extra mile and people really appreciate that. He respects us as staff and we respect him. I am happy to work for such a good person."

\* Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

\* The registered manager was also the registered provider. They had a clear vision for the development of the service and strong values centred around personalised care with the person as the focus of the service and the centre of decision making. These values were clearly shared by staff who we observed providing care and support and those we spoke with.

\* Staff were clear on their roles and responsibilities and felt supported to work as individuals and as a team.

\* Staff told us they felt listened to by the registered manager. They were clear about their roles and responsibilities and we observed they were confident in providing care and support for people.

\* The registered manager had a quality assurance system in place that enabled them to monitor the quality of the care provided and make improvements where needed. These involved audits of areas such as care plans, care records and staff files.

\* Spot checks of staff delivering care covered a range of areas, including staff competency, punctuality, infection control and health and safety.

\* The registered manager took action to identify any improvements, for example, standards of recording.

\* The provider, who was also the registered manager, had ensured contingency arrangements were in place to ensure the service delivery was not interrupted by unforeseen events.

\* The provider had a website but their current ratings were not clearly displayed. They told us the website was currently under development and this would be addressed as part of the upgrade.

Engaging and involving people using the service, the public and staff

\* People and relatives were supported to share their views about their care and the service through regular direct contact with the registered manager, and through surveys. Recent surveys showed people and relatives were very happy with their care and praised the registered manager and staff for the service they provided.

\* Staff were able to be involved in decisions about the service and were provided with information during staff meetings. These were also used to discuss updates in best practice guidance.

\* The registered manager was in regular contact with people, their relatives and health and social care professionals involved in people's care. This direct engagement resulted in effective communication between agencies and helped to ensure people received good quality care that met their needs.

Continuous learning and improving care

\* The provider displayed a commitment to improving care where possible. They had taken responsibility for their own learning and development to improve the service. They shared this knowledge with staff which helped to ensure staff were up to date with best practice guidance.

\* The provider attended local care forums and kept up to date with national development in the care sector.

Working in partnership with others

\* The provider informed us they worked closely with other agencies to develop the service they provided and this was confirmed in care records we reviewed.

\* The provider told us they attended meetings with local authority commissioners and healthcare professionals to identify areas for improvement and aims for social care provision in the future.