

Companion for Care Services Limited

Staffordshire

Inspection report

55 St. Edward Street
Leek
ST13 5DN

Tel: 01538387782

Website: www.companionforcareservices.co.uk

Date of inspection visit:
23 September 2021

Date of publication:
11 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Staffordshire is a home care service registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 36 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements were needed to recruitment processes and recording to ensure all necessary information was considered and clearly documented. Quality assurance systems had failed to identify this. There was mixed feedback about staff arriving on time, but people were generally visited by a consistent staff team. However, the rotas did not always match the care being delivered, which increased the risk of missed visits, although we found no harm had come to anyone as a result of this. Systems in place had failed to identify some calls were too close together to be able to administer medicines. No one had come to harm, but this had not been recognised.

People were protected as staff wore appropriate Personal Protective Equipment (PPE), however staff were not always carrying out the necessary COVID-19 tests and the registered manager's systems in place had not recognised this.

People told us they felt safe. Improvements had been made to people's care plans and risk assessments as they were more detailed and risks to people were assessed. People received their medicines as necessary and information was available for 'when required' medicines. Staff and the registered manager understood their safeguarding responsibilities.

People and staff were asked for their opinion about the service. Staff felt supported in their role and were engaged in the service and kept up to date with changes. Staff were positive about the registered manager and felt they were listened to.

The registered manager was aware of their duty of candour and acknowledged further improvements were needed to the service but were working on these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 May 2021). The provider was required to send us a monthly update after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We received information from another government agency about concerns they had about some staff working at the service. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to assessing risks, medicines management and recruitment of staff.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Staffordshire on our website at www.cqc.org.uk.

We found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of the full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of regulation at this inspection. The provider had failed to make enough improvement to recruitment processes so there were ongoing concerns. The providers governance systems had failed to recognise some improvements were needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Staffordshire

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors. Inspectors also made phone calls to people, relatives and staff as part of the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. At this service, the registered manager and the provider are the same person.

Notice of inspection

We gave the service less than 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 23 September 2021 and ended on 21 October 2021 once we received all outstanding information we requested from the registered manager and responses to additional queries we raised. We visited the office location on 23 September 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service. We asked Healthwatch if they had any information to share about the service, which they did not. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sought feedback from the local authority, and they explained they were monitoring the service as part of their contract with the provider. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with six members of care staff plus the provider/registered manager.

We reviewed a range of records. This included five people's care records and medication records plus multiple care notes and rotas. We looked at six staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, meetings records and policies and procedures.

After the inspection

We continued to seek clarification from the provider/registered manager to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Staffing and recruitment

- Staff recruitment was not always robust and improvements were needed. Improvements were needed to ensure staff were of good character and suitable to support people who used the service.
- Checks were made on staff suitability to work with people who used the service, such as criminal records checks (called Disclosure and Barring Service (DBS) checks). However, when information had been present on these checks, a thorough risk assessments covering all the information contained in the check was not in place. A risk assessment covering some information was present, but it did not cover all information. When we asked the registered manager about this, they provided further detail of the discussions they had with the staff member, but these had not been documented in the staff member's file, prior to our query.
- Other checks such as on references from previous employers and staff employment history had been in place. However, there were some unexplained gaps in employment and some references were not from the most recent employer and these had not been explained in the staff members records.
- This meant we could not be sure staff were recruited safely and areas which needed exploring with staff were checked as this was not always documented.

Systems were not robust at fully ensuring staff were of good character and their suitability to support people who used the service had been thoroughly examined and documented. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the registered manager who stated they understood what was missing following our detailed feedback and they said they would rectify this.
- There was mixed feedback about whether staff generally arrived on time and whether people were generally visited by the same staff. We observed from care records that regular staff visited people.
- One person said, "Sometimes they [staff] are late but don't mind, it's not a problem. They [staff] do call" and they went on to say, "It is not always the same staff, it changes quite a bit, but staff are very respectful and have ID badges." Another person told us, "The call is late today. It is a problem that they don't phone." Another person commented staff 'pretty much' arrive on time but they felt staff continuity could be improved.
- A relative told us, "Sometimes care staff do not arrive at the call time and I will complete all the care myself, but staff do generally turn up at the right time."
- Despite this, records showed people generally received visits from regular staff members.

Learning lessons when things go wrong

- Whilst some lessons had been learned when things went wrong, this was not always the case.
- Many improvements had been made since the last inspection, such as improvements to risk assessments and medicine records. However, improvements to recruitment had not been fully recognised as this was identified as an issue at the last inspection and we continued to find concerns.

Preventing and controlling infection

- Government guidance about staff testing for COVID-19 was not always being followed. During the COVID-19 pandemic, extra guidance was in place for staff to follow to help keep people safe which included a weekly polymerase chain reaction (PCR) test (a test which gets posted back to a laboratory and a result sent back to the staff member). However, staff had not been carrying these out and had just been completing lateral flow test (LFTs) whereby the result takes half an hour to show on the test strip.
- Despite this, people and staff confirmed staff were wearing appropriate Personal Protective Equipment (PPE) when visiting people.
- One person said, "They [staff] wear the gloves." A relative told us, "Staff always wear their face masks and wash their hands upon arrival, as well as putting on aprons and gloves to support [relative's name], and after they have provided the care, they remove the aprons and gloves."
- Staff also confirmed with us and records showed they had received training in infection control practice and had access to enough PPE.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they felt well supported. One person said, "They [staff] always do what I ask for and need. No concerns as they know what they are doing." Another person told us, "I am satisfied with them [staff]. They are a nice set of staff."
- People had care plans in place that contained personalised details about their support needs and risks to their health and wellbeing. There were risk assessments and information available about people's health conditions and any risks.
- People also told us they were supported to take their medicines by staff, where they needed support with this. One person said, "Staff give me my tablets ok."
- Details of the medicines people took and what support they needed were available in their care records and Medication Administration Records (MARs) were completed when medicine had been administered by staff.
- There were protocols in place for medicines that were to be taken 'when required', also called 'PRN' medicines, which was an improvement since the last inspection.
- Staff and records confirmed they received training and checks on their competency to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe, they [staff] are very good and I'm very happy with the service." Another person told us, "I feel safe with them [staff]."
- Staff were aware of different types of abuse, how to recognise this and understood their responsibility to report concerns.
- The registered manager was also aware of their responsibility to report concerns to the local safeguarding

authority and to involve other necessary organisations. They also knew to carry out investigations and take action when necessary to reduce the risk to people.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, conditions had been imposed on the provider's registration which meant they had to send to the CQC a monthly update regarding the action they had taken in response to the previous concerns we found around assessing risk, medicines and recruitment.
- Quality assurance systems in place had developed since our last inspection, and whilst some improvements had been made in relation to care plans and risk assessments, some actions they told us they had completed had not been fully effective.
- The monthly updates said recruitment files had been audited each month. However, we found recruitment was an ongoing concern and there has been a breach in relation to this area at this inspection in the safe key question.
- The provider had failed to follow government guidance in relation to staff testing for COVID-19 in response to the pandemic. The registered manager explained to us they expected staff to visit the office to sign to say they had carried out tests; however, this had not been effective at ensuring staff were undertaking the correct tests in line with guidance. This could have left people and exposed to the risk of harm and the provider's systems in place had not addressed this.
- An electronic system for rotas was being used which had recently been introduced, however the staff attending to carry out visits to people did not match this rota. The previous system of rotas did not specify which exact people staff should visit, but just named the run the staff were on.
- One person potentially had a missed visit and another visit attended by one staff member, when there should have been two staff. The registered manager looked into this and felt this may be as a result of different staff being asked to go to the call. Therefore, rotas did not always ensure staff were effectively deployed.
- There were instances when people were given medicines without enough gap between doses. There was no evidence anyone had come to harm as a result of this, but this had not been recognised by the systems in place to monitor the quality and safety of people's care.
- The registered manager acknowledged there was no way of monitoring call times currently, other than reviewing daily care notes, as there was no electronic system in place. Whilst daily care notes for people were reviewed, this had not been identified.
- This meant as the rota was not always being followed, there was an increased risk that calls could be missed or done at the wrong time. The registered manager explained there could be changes due to staff absence. However, some staff were on the rota to cover calls they should not be covering due to risk

assessments in place which showed the assessment may not always be followed.

- The registered manager was regularly covering calls when other staff were unavailable, which impacted their ability to manage to service.

Due to some quality assurance systems not being fully effective, some areas for improvements had not been recognised and improved. This constituted a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager was open to feedback and explained what action would be taken in response to queries we raised. They explained a new quality assurance staff member should be joining the service to support with oversight, but they had not yet started at the time of our inspection.
- The registered manager also explained they were considering the use of an electronic call monitoring system to be able to monitor calls, although this was not yet in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was mixed feedback from people about how the service was run and whether people knew who the registered manager was.
- One person said, "I don't know who the manager is." Another person told us, "I don't know who the manager is, but I have a number in my file that I would call should I need to." Whereas, one person said, "The manager is [Registered manager's name], they're fine."
- Two people described the management of the service is 'alright'. Another person said, "I would recommend the service. I am happy with it."
- Staff felt supported and felt able to approach the registered manager to raise concerns. Staff were kept up to date with changes in the service.
- One staff member told us, "[Registered manager] is helpful and I can tell them if there are any issues. [Registered manager] listen to my concerns." Another staff member also said, "[Registered manager] does listen and will act on what they are told."
- One staff member said, "Staff are communicated with and we are told of things straight away." Another staff member said, "I am informed on the outcomes of incidents and [the registered manager] keeps me up to date."
- Other comments from staff included, "I can call [the registered manager] directly and they are reliable" and, "[Registered manager] is a nice person, I've never had problems. I am able to approach them."
- Staff had their competency checked and supervisions to ensure they were supported at work.

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

- People, relatives and staff were asked for their feedback about the service.
- One person said, "They [staff] come and ask my views, I have had questionnaire in past."
- There were regular staff and management meetings to discuss issues. Records confirmed meetings took place as well as feedback from staff.
- One staff member explained, "I fill out a sheet about the company and that is to see if there is anything that they can do to improve. We also have monthly team meetings and the [registered manager] looks through all of the notes and says if they are happy with what staff have done and what improvements could be made. Sometimes the team meetings are useful."
- Another staff member also said, "The team meetings are useful as we can raise any issues we may have with one another and deal with it to get it sorted."
- Some staff explained they could be exposed to inappropriate language about the colour of their skin, from

people they supported. Staff understood some people may not have had an understanding of their language being inappropriate due to their support needs. However, this was still not acceptable for staff to endure and staff felt able to report this to the registered manager for support.

- There was one example of concerns about a staff member potentially not respecting a person's religion and the registered manager took action in response to this to reduce the risk of further concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour. They said, "It is about transparency. You have to be open about things, don't hide things. If something has gone wrong, learn from it. Disclose to them [the person affected] and be honest to them, tell them what we have put in place so it doesn't happen again. It has to be written."
- The registered manager acknowledged there were still some things for them to work on to make improvements since the last inspection.
- The previous inspection rating was being displayed in the registered office. It was not being displayed on the website, but once we mentioned this, the registered manager took action to rectify this.

Working in partnership with others

- The registered manager worked in partnership with others. They gave us examples of supporting people along with other professionals, such as with occupational therapists, social workers, district nurses and GPs.
- The service had worked in partnership with the local authority with covering some visits for people at short notice when another service was unable to do so. Also, the local authority was undertaking monitoring of the service through visits and meetings, which the registered manager engaged with.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had failed to fully ensure areas for improvement were recognised and action taken.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not robust at fully ensuring staff were of good character and their suitability to support people who used the service had been thoroughly examined and documented.

The enforcement action we took:

Warning Notice