

Companion for Care Services Limited

Staffordshire

Inspection report

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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 34 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

Whilst some improvements had been made, further improvements were needed to ensure the quality and safety of the service was monitored effectively. Improvements were needed to recruitment processes to ensure staff were safe to support people. Lessons had not always been learned when things went wrong. People received their medicine, but improvements were needed to documentation and the intervals between medicine doses for one person.

The registered manager (who was also the provider), failed to provide documentation or submit a Provider Information Return (PIR) on time. Staff did not always complete training in an appropriate length of time, a course that should take approximately 12-week course was being completed within days.

People generally received their calls on time. People felt safe with staff and felt well supported. Safeguarding concerns were reported as appropriate. People were protected from the risk of infection as staff wore PPE, however there was no evidence of systems in place to monitor staff COVID testing.

The registered manager was aware of their responsibility of duty of candour. They were open to feedback and wanted to improve. Staff felt supported in their role and people said they would recommend the service to others.

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 7 January 2022) and there were breaches of regulation. The provider had received warning notices following the last inspection and they had to be compliant with these. The provider was also required to send us a monthly update after a previous inspection in May 2021 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 undertook a targeted inspection to follow up on action we told the provider to take at the last inspection

and to ensure they now met legal requirements. We inspected and found there was a continued concern in relation to recruitment and governance systems, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 the 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 continued to fail to make enough improvement to recruitment processes so there were ongoing concerns. The providers governance systems had failed to recognise some improvements were needed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 22 March 2022 and ended 6 May 2022 which was the deadline for us to receive all outstanding information we requested from the registered manager and responses to additional queries we raised. We visited the office location on 22 March 2022.

What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it 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, please see further details in the full version of this report within the well-led section. We reviewed other information we had received about the service. We asked Healthwatch if they had any information to share about the service. They did not have any feedback to share. 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 provided a copy of their most recent visit report to us. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included four 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 and action plans.

After the inspection

We continued to seek clarification from the provider/registered manager to validate evidence found. We looked at rotas, call log records 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

At our last inspection the provider had failed to robustly recruit staff to ensure they were suitable to support people who used the service. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff recruitment was still not always robust, and improvements were needed. Whilst some improvements had been made, further improvements were needed to ensure staff employment history and any gaps had always been explored and documented.
- Staff members had checks on their criminal records, called Disclosure and Barring Service (DBS) checks. However, for one staff member, information of concern had been present on these checks, but a thorough risk assessment covering all the information contained in the check was not in place. We had raised this with the registered manager at the last inspection. Attempts had been made to rectify this however, a full risk assessment was still not in place. The registered manager explained the staff member was not working for the service 'at the moment'. Despite this, one person told us they had been supported by this staff member at the time of the inspection so we could not be sure they were permanently no longer working for the service.
- In another example, one staff member had a risk assessment in place which stated they had to work in double-up calls (calls whereby two carers attend at the same time). The rotas showed this staff member was sometimes planned to attend single-carer calls. This meant the risk assessment was not always being followed.
- There were checks on references from previous employers and staff employment history. However, there were still some unexplained gaps in employment. Some references were not from the most recent employer or were from employers which had not been listed on staff members employment history 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 still not robust at fully ensuring staff were safely recruited. This could place people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was mixed feedback about whether people had the same staff, but no one we spoke with found this, or the times staff arrived, a problem. One person said, "It changes, but they [staff] are all good." Another

person said, "I can depend on them [staff] to come." One relative said, "They usually come on time. It varies a little bit, but it is acceptable."

Learning lessons when things go wrong

- Lessons had not always been learned when things had gone wrong.
- Concerns had been raised about recruitment and some systems in place at the last inspection, but enough improvement had not yet been made to be compliant with the breaches of regulation.
- Despite this, some improvements had been made. The local authority had an action plan for improvements with the provider and some of those actions had been completed. For example, the registered manager had implemented a monthly review document for accidents and incidents.

Using medicines safely;

- People received their medicines, however some improvements were needed.
- Documentation needed to be clearer. One person had guidance in place for their 'when required' medicine (also known as PRN medicine). This did not provide clear guidance for staff. The person was able to tell staff about their needs, which reduced the risk, but records should have been clear. The same person's medicine risk assessment also stated the person did not have PRN medicine, but this was not the case.
- One person had a medicine that should be given evenly spaced throughout the day. However, calls were not always evenly spaced. We advised the registered manager to seek professional advice regarding this.
- Despite this, staff felt trained and confident in medicine administration. One staff member said, "We record everything. It's really safe, I think." Another staff member said, "I do people's medicines and sometimes it's from the boxes or the blisters, I fill in the MAR chart every time. I had online medicine training, I feel I know what I'm doing."

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager was aware of the expectation of staff to carry out COVID testing. Staff were also aware of this. However, the registered manager failed to provide us with evidence that staff testing was being monitored.
- People and staff confirmed staff were wearing appropriate Personal Protective Equipment (PPE) when visiting people.
- One person said, "Yes [staff wear a mask], and apron and gloves as well." One relative told us, "They [staff] do wash [their hands]. They wear a mask, and aprons and blue gloves." Staff also confirmed to us they had access to PPE.
- Staff also told us and records showed they had received training in infection control practice and their competency was checked.

Assessing risk, safety monitoring and management

- People felt well supported and staff felt they knew how to support people. One staff member told us, "When I started, I shadowed another worker and read the care plans, I know how I need to look after each person." Another staff member commented, "We use the care plan for everything, I feel quite confident with the people, they are safe I'd say. I shadowed a lot at first so it's easier than just reading."
- People had care plans in place that contained personalised details about their support needs and risks to their health and wellbeing. There were some instances of these not being reviewed in line with the stated review date, however there was no impact from this.

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] talk to me. They [staff] are good

at what they do, they're fantastic." Another person said, "I am happy with the care."

- Staff were aware of different types of abuse and that they had to report their concerns.
- The registered manager was also aware of their responsibility to report concerns and to investigate and take action when necessary.

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 our last inspection the provider had failed to ensure quality assurance system were fully effective at monitoring the service and identifying areas for improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At a previous inspection which took place in February 2021, 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.
- Some information they had included in their most recent monthly update prior to the inspection was inaccurate. The registered manager had informed us they had support from a consultant, however this was not the case. When we asked the registered manager about this, they explained the consultant they had engaged had let them down. However, this had been months prior to the update being submitted and they had failed to inform us of this.
- The monthly update had also said recruitment policy and procedures would be reviewed and any missing information from recruitment files would be obtained. However, we continued to find recruitment was an ongoing concern and there has been a continued breach in this area at this inspection in the safe key question.
- The registered manager had failed to submit a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.
- We also found the registered manager sometimes failed to provide us with documentation we requested in a reasonable amount of time. For example, we could not verify how the registered manager monitored staff COVID testing as they failed to provide us with the completed documentation, they told us they had in place. We took this into account when making the judgements in this report.
- The provider's guide for service users detailed they were able to provide nursing care. However, they were not registered to provide this type of care. We found no evidence of nursing care being delivered, but the service should not have stated they were able to provide this.
- At the last inspection, an electronic system for rotas had recently been introduced and we found the staff who carried out some of the visits to people did not match this rota. At this inspection we continued to find

the same issue. Whilst we did not find evidence of any missed visits as a result of this, there could be an increased chance of visits being missed or delivered at times different to the rota.

- Care notes showed people did not always receive the same amount of calls that was agreed and detailed in their plan. The registered manager explained sometimes this was due to calls being cancelled by a person's relative or trialling different calls for a person. However, there was no audit trail of calls being cancelled or changed and this was not included in these people's care plans. Therefore, we were unable to verify this. There was a risk people may not always receive the calls they required if it is not recorded what calls they should or should not be receiving.
- Staff had received some training. However, staff should be encouraged to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. It is generally completed over a number of weeks to thoroughly review all standards. However, two staff had apparently completed this in a very short amount of time; one was within one day and another within one week of applying for their job. The provider could offer no explanation as to how this had been achieved.
- There were instances of a person being given medicines without enough time between doses. There was no evidence the person 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 explained that more checks were being carried out on care notes and more structured checks on care plans, however these had still failed to identify the areas of concern we found.

There were ongoing concerns about quality assurance systems not being fully effective. This constituted a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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; Working in partnership with others

- The registered manager understood their duty of candour. They said, "It is transparency and honesty. When we have done wrong it is owning up, apologising and making it better."
- At the last inspection, we informed the registered manager the inspection rating was not being displayed on their website. An attempt to rectify this had been made, however they were continuing to experience technical difficulties. The rating was still not being displayed on their website at this inspection. An inspector had offered support in this area and work to rectify this was ongoing.
- The registered manager worked in partnership with others. They were open to feedback and had worked with the local authority during recent monitoring visits from them. The registered manager was working on an action plan for the local authority and had engaged in meetings with them.

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

- There was positive feedback from staff about how they were supported. One staff member said, "I think the company is great, I have no complaints. I have a supervision really often, sometimes on zoom calls [a type of video call] and the best thing is the communication. I always get an answer to my issues, I have no problems with the company, no concerns." Another staff member told us, "The company is OK, there's no problems." Another commented, "I feel like it's a fair company."
- 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 told us they would recommend the service. One person said, "I would [recommend the service] yes, they are good at what they do, they're fantastic." One relative commented, "It [the service] is reliable and I know they are going to come, and they are on time. It is reassuring."
- There were regular staff and management meetings, sometimes these were face to face and sometimes they were 'virtual', which means they may have been on a video call.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements had not been sufficient to meet the previous breach - systems were not always effective at monitoring the quality and safety of care. The service had failed to submit a Provider Information Return (PIR), which is a requirement.</p>

The enforcement action we took:

Continuation of a warning notice & provider meeting

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Improvements had not been sufficient to meet the previous breach - recruitment processes were not robust to ensure all necessary information was documented and considered to ensure staff were suitable to support people.</p>

The enforcement action we took:

Continuation of a warning notice & provider meeting