

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Care Companions Limited - 38a High Street

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Tel: 01213552232

Date of Inspection: 08 April 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✗ Action needed |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Care Companions Limited |
| Registered Manager | Mrs Sushila Patel |
| Overview of the service | Care Companions Limited is a small domiciliary care agency providing support and / or personal care to people in their own homes. The agency is based in Sutton Coldfield near Birmingham. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 April 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

The inspection was undertaken by one inspector. The inspector gathered evidence against the outcomes inspected to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Effective systems were not in place to make sure that managers and staff learn from events such as accidents and incidents. This meant that the service did not have an adequate system of service improvement.

A process for staff supervision was in place and staff were supported to undertake training relative to the needs of the people they were caring for.

Staff had undertaken training relating to the Mental Capacity Act 2005 and mental capacity issues had been discussed during some staff supervision sessions.

Is the service effective?

People's initial care needs were assessed when they started to receive care, and plans of care were developed. These plans of care were not always updated to reflect people's changing care requirements.

People who used the service and their relatives told us that they were very happy with the standard of care they received. They told us that the provider was responsive and that care was designed and delivered to meet people's individual needs. People were treated with respect and their dignity was maintained.

Is the service caring?

We spoke with the relatives of three people being supported by the service, and with one person who used the service. We asked them for their opinions about the staff that supported them. Feedback from people was positive, for example; "The staff are always on time", "The programme of care is an individualised programme designed around my relative's needs." One person who used the service told us, "They are fabulous; they have given me my life back."

When speaking with staff it was clear that they cared for the people they supported.

Is the service responsive?

People we spoke with knew how to make a complaint if they were unhappy. We reviewed the records of complaints and found that they had been investigated and responded to in line with the provider's complaints policy.

People using the service and their relatives had completed an annual satisfaction survey. Where shortfalls or concerns were raised these were taken on board and dealt with.

The service had recorded the details of accidents and incidents that had occurred but we found that whilst they had investigated the cause of accident and incident they had not documented their improvement actions.

Is the service well-led?

We found that regular staff meetings had taken place and the records showed that the issues discussed related to how the service was run and how care had been delivered.

The service had a quality assurance system. However, records showed that incidents identified and actions put in place to prevent re occurrence had not always been documented.

You can see our judgements on the front page of this report.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

As part of our inspection we looked at how the provider involved people using the service in how their care and support was provided.

The manager explained that each person's individual needs had been assessed before the delivery of care commenced. Our review of care records found that each person had their care needs fully assessed before the delivery of care started.

The manager also told us that each staff member had been informed about the provider's policies, aims and objectives relating to the delivery of care as part of their induction process. Staff we spoke with told us that they had undergone an induction which provided information about the provider's policies and procedures and about the provider's aims for how the service supported people.

We saw that the provider's staff handbook included information about the standards of care that staff were required to maintain. The requirement clearly stated what was expected of staff in relation to maintaining people's rights to independence, privacy and dignity. Staff confirmed that they had received a copy of the staff handbook.

The manager also told us that Dignity Champions were being introduced and that dignity had formed a key part of the agenda at a recent staff meeting. We reviewed the minutes of the meeting held on the 11 February 2014 and found that the National Pensioners Convention Dignity Code had been circulated and discussed. We also saw from the records that staff members had put themselves forward to become Dignity Champions.

We also found that the provider was in the process of implementing a People Champion system where senior carers had been allocated certain people for whom they would develop a highlighted profile document containing details about social, medical and family

history.

Having access to information about people's past lives and interests helps staff in communicating with people and helping them to remember.

Three relatives we spoke with were satisfied with the care provided. One relative told us, "I am very happy about the standard of care my relative receives. The service offers choice and is flexible. They keep me involved with the care plan at all times". The relative of another person told us, "The staff are always very respectful when they are with my relative. I am involved with all aspects of the care planned and the staff do all they can to help my relative to continue to live as independently as possible". The third relative told us that the carers helped their relative to continue with their usual social interests and hobbies.

The person who used the service told us, "I have choice about everything. What I want to do, which food they cook for me and how I like to wash and which soap I use. They involve me in all decisions".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support had been delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

As part of our inspection we reviewed the care records of six people who used the service. We found that people's care needs had been fully assessed when they started to receive the service.

The provider's initial assessment of people's care needs included information about each person's life, their family and social history and provided details about things people were interested in and past hobbies and achievements. This meant that staff had access to information to help them understand people and to assist them in conversing with people and helping people to remember.

In one person's file we found that the initial assessment of care needs had been undertaken on the commencement of the care service and the plan of care had been reviewed. However, we noted from the daily visit records that care staff had recorded that the person had developed a problem with their skin and that a specialised cream should be applied. We discussed this with the manager. They told us that the care staff had been informed about the change in this person's condition. We reviewed copies of emails that had been sent to the staff who cared for this person informing them about the change of care need, however this person's care plan had not been updated to reflect the change.

This person had also been noted as being at risk of falling. The manager had informed social services who had undertaken a full review, however, the current care plan had not been revised to reflect the risk of falls. The provider might like to note that people's care records did not contain up to date information about their care and support.

The care records of another person showed that they were registered as blind. This person had been receiving assistance with various household services from the provider for a number of years. We reviewed the initial assessment of their care need and their care plans. We found that these documents did not provide information about how this person's visual problems affected how their care should be delivered, however we saw evidence that a regular team of staff provided care for this person and that they had been informed about the person's care needs.

In another person's file we noted that the daily records sheets stated that staff had not been sure that the person had taken their medications correctly. We saw evidence of correspondence between the manager and the person's GP discussing concerns that the person lacked the capacity manage their medications. The final letter from the GP informed the manager that the GP had assessed the person's capacity to make decisions about taking their medication and it had been decided that the person lacked capacity. The letter also informed the manager that the person's family would install a locked medication cabinet within the person's home. The manager told us that staff had administered the medication during their daily visits. This person's care plan did not reflect this change of care need, however, the staff we spoke with were aware of the situation. We also reviewed copies of emails sent to staff providing them with appropriate information about the change in this persons care.

During our inspection we spoke with the relatives of three people and with one person who used the service. The person who used the service told us, "They are fabulous. They have given me my life back. They outshine everyone else and always go the extra mile. They inspire me and keep me going." A relative told us, "My relative struggles to understand and remember. They are treated with dignity and understanding at all times."

As part of our inspection we spoke with three members of the provider's care staff. All members of staff told us that they felt they were able to give people a high standard of care and that they were able to spend quality time with people.

We discussed emergency procedures with the manager. They told us that all staff had undertaken first aid training and understood the protocol they should follow in case of an emergency in a person's home. The members of staff we spoke with told us that if they had an emergency situation whilst visiting a client they would call the emergency services and that they would inform the provider's management of any other urgent issue. Staff also confirmed that they had undertaken recent training in first aid.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

As part of our inspection we reviewed the documents relating to a recent safeguarding referral. We found that the manager had informed the safeguarding team and that the matter had been handled appropriately.

We discussed safeguarding training with the manager. They told us that safeguarding formed part of the provider's staff induction process and that all staff had recently undergone updated safeguarding training.

We reviewed the provider's induction materials. We found that staff had been provided clear written guidance on how to identify safeguarding issues and how to report them.

During our inspection we spoke with three members of care staff. They all told us that they had recently undertaken a safeguarding training update and they could all explain how they would deal with any allegation of suspected abuse. This meant that people were protected against incidents of abuse.

We found that the provider had a comprehensive safeguarding policy in place which clearly set out how any safeguarding incidents should be reported. We also saw that the provider had the contact details for the local safeguarding team displayed in a prominent position within the office. This meant that staff had information about how to raise a safeguarding concern.

A whistle blowing policy was in place which provided staff with support guidance on how to report any concerns they may have about how the provider or their staff operate. This meant that staff had been informed as to how to raise concerns. Staff we spoke with told us that they were aware of the policy but they had not needed to follow it.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection we discussed with the manager what measures were in place to ensure that staff were supervised and monitored.

The manager told us that their team usually undertook spot checks on staff every four months. They also explained that a programme of staff supervision was in place.

We asked to see the spot check and supervision records for five members of the care staff.

The records showed that spot checks had been undertaken until October 2013. None of the records we saw held evidence of spot checks being undertaken after this date. Records we reviewed showed that checks had taken place every four months, however, in some cases checks had been at more frequent intervals if there had been any concerns about staff performance.

The documentation showed that the checks undertaken had looked at how the member of staff interacted with the person they were caring for and how the care was delivered. Punctuality had also been reviewed along with the staff member's general appearance. The manager told us that issues raised during the checks had been reviewed and where necessary further training or coaching had been undertaken, although these actions had not been documented.

The manager also told us that spot checks had been undertaken since October 2013, but that they had not yet been documented. The provider might like to note that records relating to spot checks undertaken, and any actions taken following a spot check should be written up as soon as possible after the event. Staff we spoke with told us that the provider undertook regular spot checks to see how they worked, however, they could not remember the frequency their checks had been undertaken.

We looked at the records of staff supervision sessions. We found that all the staff whose records we reviewed had undergone regular supervision. Supervision records included

notes on people's performance and identified training needs. The standard of the service had been discussed and the effectiveness of past training sessions reviewed. This meant that staff had the opportunity to review how they performed and that any training needs had been identified.

All the staff we spoke with told us that they felt supported and that the provider had ensured that they had undergone regular supervision sessions. They said that during these sessions they had the opportunity to discuss their ongoing training requirements and that the provider supported them to access training.

Our review of training records showed that staff had been supported to undertake regular training relevant to the needs of the people they cared for. All the staff we spoke with told us the provider held regular training sessions and that they had attended. They told us that sessions had included infection control, dementia care, confidentiality and safeguarding. This meant that the provider had ensured that staff had up to date knowledge about how to provide care for relevant to the needs of people.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager showed us the results of a satisfaction survey that had been undertaken in July 2013. They told us that people's views were regularly sought in relation to the standard of the service provided, and that the surveys were formally undertaken annually.

We found that the survey results had been collated and areas for improvement identified. The manager was able to show us how action plans had been put in place to address issues identified. In particular the survey had identified that some staff members cooking skills were below standard. The provider had addressed this issue by providing staff with updated training about the provision and preparation of food. This meant that the provider had a system in place to review the standard of care delivery and to act upon issues raised.

During an inspection undertaken on the 22 October 2013 we found that the provider had just installed a call monitoring system which required the carer to log in and out when they attended each person's home. This provided the manager with a record of when the carer had arrived and when they had left. The manager told us that this system was working well and that punctuality has improved since it was installed.

Some of the relatives of people who used the service told us that the attendance times had improved since the system had been working.

During our review of care records we noticed that certain entries in the daily records had been highlighted. We asked the manager why this had been done. They told us that the senior care workers had audited the standard of the entries into the records and checked if the issues noted had been raised with the manager. We asked to see records of the audits that had been undertaken. We found that the records had been written in longhand and did not contain details of the date the audit had been undertaken. Issues had been noted, but there was no information about actions taken to prevent reoccurrence. We raised this with the manager. They told us that action had been undertaken, but it had not

been recorded.

The provider's complaints policy contained clear information about how people could make a complaints and in what timescale they should expect to receive a response. We reviewed the records of complaints received since June 2013. The provider had received five complaints within this timescale. We found that each complaint had been investigated and responded to appropriately and that the response had been sent out within the timescales set out in the provider's policy.

The manager told us that information on how to complain was contained within each person's initial contract documentation. We found that information about how to make a complaint was also included within the employer's staff handbook.

We spoke with the relatives of three people and with one person who used the service. We found that people were aware of the complaints process and knew how to complain.

As part of our inspection we reviewed the provider's records relating to accidents and incidents. We found that the details of accidents had been recorded on forms within an official accident recording book. The pages of this book were supposed to be numbered individually so that the details and the number of accidents could be tracked. We found that the accidents recorded had not been numbered and that all report records had been removed from the book and placed in a separate file. This meant that it was not possible to ensure that the records of every incident reported were held within the file and that some issues may have been missed.

We reviewed the records of 10 accidents that had been reported since the beginning of 2013. The reports contained brief details of what had occurred but no record of route cause analysis or service improvement plans. In particular one person using the service had slipped out of their footwear and fallen whilst the provider's staff were present. The manager told us that this person usually walked in slippers with the back of the heel trodden down. There was no record of any action taken to prevent this happening again, or discussion with the person and staff involved about the use of appropriate footwear. This meant that whilst accidents were being reported, there was no system in place to prevent reoccurrence.

We explained to the manager that when incidents or accidents occur they should be fully investigated and the cause of the incident identified. Actions should then be taken to prevent reoccurrence. The manager agreed that whilst some actions may have been undertaken following accidents and incidents they had not been recorded formally.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not have an effective process for the investigation and analysis of accidents and incidents. The registered person had not protected service users and others against the risk of unsafe care and treatment because effective systems were not in place to identify, assess and manage risks. Regulation 10. (1) (b). |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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