

Care Companions Limited

Care Companions Ltd - Masonic Hall Building

Inspection report

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Date of inspection visit:
27 April 2016

Date of publication:
24 June 2016

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

This inspection took place on the 27 April 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Care Companions is registered to provide personal care and support for adults within their own home. They currently provide personal care and support for 21 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was no previous inspection information available for this location as this was their first inspection.

People were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff was provided with sufficient guidance on how to support people's medical support needs. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by staff that had been safely recruited. People were supported with their medication by staff that had received appropriate training.

People and relatives felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. Where appropriate, people were supported by staff to access health and social care professionals.

People were supported to make choices and were involved in the care and support they received. The provider was taking the appropriate action to protect people's legal rights.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People were supported with their healthcare needs because the provider involved family members if concerns were identified.

People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people

received to ensure the service remained consistent and effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff

People were involved in deciding how they received care and support.

Is the service caring?

Good ●

The service is caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service is responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

Is the service well-led?

The service is well-led.

Audits were carried out effectively.

People knew the manager and had a positive relationship.

Staff were happy working for the provider.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 April 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also spoke to the local authority commissioning and safeguarding teams to identify any information that might support our inspection.

During our inspection we spoke with five people who use the service, three relatives, four care staff members, the registered manager, the training manager and the operations manager. We reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

People told us that they felt safe with the service provided and that staff supported them with their care needs. Another person we spoke with said, "They [staff] are excellent and I always feel safe". A relative we spoke with told us, "They [staff] keep mum safe, they're aware of risks and seem very caring and conscientious". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. One staff member told us how they would recognise signs of abuse, "I'd look for changes to their [people's] characteristics or any unusual marks". Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

People and their relatives told us that care calls were generally on time. One person we spoke with told us, "They've [staff] never missed a call and they'll phone to let me know if they're stuck in traffic". Another person we spoke with said, "Late calls are infrequent but they'll [staff] let me know if they're running late". Staff we spoke with understood the importance of informing people if they were going to be late for an appointment. The provider also ensured that people were informed if staff were going to be late, for example, because of excessive traffic. The manager explained to us that travel time allowed for staff was determined by the distance between call visits to ensure they [staff] had sufficient time to visit people's homes.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are reviewed every six months". They also explained how they maintained an ongoing evaluation of risk assessments during their daily work routine. They told us, "If I notice something, I phone the office to let them know". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised.

Staff understood, and were able to explain what action they should take in the event of an emergency. One staff member gave us an example of how they would respond if they found a person who was unconscious, they told us, "I would assess the situation, check their [person's] vital signs, call 999 and contact our office". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. We saw that incidents and accidents were reported and used by the provider to improve practice and to reduce the risk of harm.

Everyone we spoke with felt there was sufficient staff to meet people's needs and minimise the risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. A relative told us, "I'm happy with the care staff. We have the same three members of staff and there are no problems". A member of staff told us, "There are always enough staff to step in if they are needed". There were processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of

care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work.

Staff told us that they had received training on handling and administering medicines. Most people we spoke with managed their own medicines or were supported by a relative. One person who did receive support from staff told us, "They [staff] help me take my tablets, there are no problems". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets.

Is the service effective?

Our findings

Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. We saw that new starters were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. A staff member told us, "My induction was really effective; they [provider] were good at identifying my capabilities through a series of scenario based tests". Another staff member told us how the training they received had raised their confidence when supporting people with their medicines. People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. One person told us, "They [staff] seem good at what they do". Another person said, "They [staff] definitely seem skilled. I don't have complex needs but I'm confident in the staff". A relative we spoke with told us, "They [staff] seem to be well trained, they [staff] really know what they're doing". Staff were able to explain to us about people's needs and how they supported them. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they attended staff meetings and had regular supervision conducted by their manager. We saw evidence that the provider had supervision and appraisal processes in place to support staff.

People and relatives we spoke with told us that they felt that their care needs were supported and that they were involved in decisions made about their care. A person we spoke with told us how they are involved in developing their own care plan, "I'm totally involved in making decisions about my care. I tell them [provider] what I need". Another person told us, "I let them [provider] know how I want to be looked after. A relative said, "We phone if we need to discuss decisions about [family member's]care". Another relative we spoke with told us, "She [family member] has quite a [care and support] regime and they [staff] follow it". A staff member we spoke with said, "I review people's care regularly and discuss it with them". We saw that the provider had processes in place that involved people and relatives in how people received personalised care support. Staff explained how they gained consent from people when supporting their care needs. One staff member told us that they asked people if they are happy to receive care and support when they visit. They said, "I ask them [people] how they'd like things done". A person we spoke with told us, "They [staff] talk to me all the time and make sure I'm fine with what they're doing". Another person told us, "They [staff] talk to me and ask permission".

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff told us how they understood to support

people to make decisions about their care and support that were in their best interest.

Staff were knowledgeable about supporting people whose behaviour might become challenging. Staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. Staff explained how they would use techniques to reassure people and help them to relax.

People and relatives we spoke with were happy with how they were supported at meal times. One person we spoke with told us, "They [staff] cook my lunch. I decide what I want to eat". Another person we spoke with said, "They [staff] cook everything from fresh". A third person told us, "All of the food's good, they [staff] make wicked salads". A member of staff we spoke with told us, "I make lunch for [person's name] and make sure there's fruit available for her". We saw care records that showed when there was involvement of health care professionals to support and monitor people's dietary needs. A member of staff gave us an example of how they supported a person who required food to be blended and have a low sugar and salt content to maintain a healthy diet. Another staff member told us how she prepared food for someone with diabetes. "I cook their food and I'm aware of the levels of sugar and carbohydrates intake".

We saw that people were supported to maintain good health. We saw care records that provided information about regular appointments to doctors, opticians and dentists. Staff were aware of how to contact health care professionals if they needed to. One staff member we spoke with said, "Care plans have their (people) doctors contact details if ever we need to use them".

Is the service caring?

Our findings

People and relatives we spoke with were pleased with the care and support they received from the provider, they felt that staff listened to them and acted upon what they said. One person we spoke with told us, "They're [staff] very kind and caring people. I get the impression they'd do anything I requested of them". Another person told us, "Caring and courteous, they're [staff] lovely people". People and relatives told us that staff were polite and communicated with them effectively. We spoke with a relative who told us how their family member looks forward to seeing the care staff, "She loves [staff member's name]". A staff member told us how they 'got to know' the person they were caring for; they told us, "I read care plans in advance and get to know them [people] before going into their home. I don't like to read care plans in front of people, it can seem too impersonal". A person we spoke with said, "[Staff members name] has given me my life back". Another person told us, "I had certain anxieties about being cared for, based on past experience with another provider, but they [provider] are so much better and I'm very happy with them".

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A relative we spoke with told us, "We're involved in care planning. We had an initial assessment and discussed the care plan". Another relative told us, "We [Relative and family member] discussed what we wanted and what they [provider] could do for us". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. The manager had regular contact with people both in person and by telephone where they discussed their care. People we spoke with told us about regular care and support review meetings that they had with the provider. A relative told us, "I met [Managers name] last week, we discuss things regularly".

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person spoke with told us, "They [staff] respect my wishes and look after me, I never feel that my dignity is compromised". Other people told us how staff ensured that curtains were closed and that they [people] were covered when being supported with personal care. Staff were able to explain to us how they ensured that people were treated respectfully. One staff member told us how they maintained a person's dignity when supporting someone outside their home, "I don't always wear my uniform when I'm out with [person's name] as they like things to be low key. I'm not seen as a care worker, but a friend". Staff received guidance during their induction in relation to dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member told us, "I get them [people] involved in supporting while I'm making food", They continued, "I ask them [people] to make their own cup of tea. That way, I can see that they can cope while I'm not around". A person explained to us how they liked to manage part of their personal care themselves and how staff respected their views and supported them to do it independently.

Is the service responsive?

Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. One person we spoke with told us how the provider responded to their request of which staff members supported them with their care and support needs. They told us, "They [provider] ask who I want". They continued, "I have staff who know me really well". Another person told us, "I can ring the manager at any time, I'm confident that I can discuss anything with them". Another person we spoke with said, "I cancel [visit] if I have other things to do. They're [provider] very flexible to my needs". The manager also gave us an example of when the relative of a person using the service was taken ill. The relative would normally support a Care Companions staff member to care for their family member who requires two people to provide their care and support, unfortunately on this occasion they were unable to. The provider contacted the Carer Emergency Response Service (CERS) who were unable to respond to the situation. The provider then arranged for an additional member of their staff to support in place of the relative, at no additional cost.

CERS is a FREE emergency backup service to provide support to those caring for a dependent family member, neighbour or friend living in Birmingham.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with told us how the provider would contact them to see if there were any changes to their care and support needs. "We [person and provider] have review meetings, telephone conversations and I'm regularly asked how things are". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider supported people to access a variety of activities and services, for example; Dementia activity groups, exercise classes and legal services. During our inspection we observed people attending a fourteen week programme to support people with dementia. We saw people and staff engaged in word games and other related activities aimed at improving people's health and well-being. A person we spoke with said, "I like coming here, it's a nice little 'get together'".

We saw that the provider had a complaints and compliments policy. We saw records of minor issues and the actions that had been taken to rectify them appropriately. People and relatives were aware of how to raise any complaints if they needed to. One person we spoke with told us, "I've never had any complaints but I know I can talk to the manager if I need to". Relatives we spoke with were confident that the provider would deal with complaints effectively. One staff member told us how they would support a person to raise a complaint by contacting the manager or the local authority. We saw that the provider used information from concerns or complaints to support service development.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A relative told us how the manager would contact them to see if they were happy with the

care their relative was receiving. A person we spoke with said, "I've given feedback in the past and they ask me how things are going". Another person told us, "The manager's approachable; I know I can contact her at any time".

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One staff member told us "I love working for them [provider]". Another staff member told us, "I'm supported to do my role. I can go to [Training Manager] with my problems, she listens and sorts things out". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. A person we spoke with told us, "I expect to receive a good quality service, and I do from them [provider]". One staff member told us that the manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. Staff told us that they had regular team meetings where they were able to raise any issues or concerns with the manager. Staff told us they felt supported and valued by the management team. A staff member told us, "I feel valued; they [provider] encourage my career development".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. A member of staff told us, "I know how to escalate concerns to the manager or local authority". Prior to our visit there had been no whistle blowing notifications raised at the location.

At the time of our inspection there was a registered manager in place, this meant that the conditions of registration for the service were being met and staff benefitted from effective and consistent leadership. We saw that the manager had access to support from a mentor to ensure that they were providing effective management and leadership for the provider.

We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff, people and relatives we spoke with told us that the manager was very approachable and operated an 'open door policy'. Staff told us they would have no concerns about raising anything they were worried about with the manager. One staff member said, "I have continual contact with [managers name], they [management team] are all very supportive". A person we spoke with said, "I know [managers name], she's a very nice person, very approachable". A relative told us that they were confident in how Care Companions was managed, they said, "I can always contact them [provider]".

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care. We saw that the provider operated a regular courtesy call audit system to monitor service provision. The provider was proactive in developing the quality of service for people by working in partnership with other organisations, for example: The Dementia Action Alliance, West Midlands Fire Service and The Carers HUB. This means that the provider and its partner organisations can share good practice and support each other to provide high quality services for

the people they support.