

Mrs Patricia Margaret Board

The Care Company

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Care Company is a domiciliary care service and is registered to provide personal care to older people, people with physical, sensory and mental health needs and people with dementia in their own homes. At the time of the inspection, 11 people were using the service.

People's experience of using this service:

People received a service which was personalised and met their needs. The care provided enabled them to remain as independent as possible and to live in their own homes.

People were cared for by a consistent team of staff who were skilled and competent in providing good quality care. Staff and the registered manager delivered personalised care based on people's likes, choices, wishes and preferences.

Support was planned and delivered in a structured way to ensure people's safety and wellbeing. Staff had access to up to date information about how to support people. Communication with health and social care professionals was effective in ensuring people received joined up care.

Systems were in place to audit the quality and delivery of care to people. The service was well led by an established registered manager who displayed strong values and led by example.

Why we inspected: This was a scheduled inspection based on the services previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Care Company

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Care Company is a domiciliary care service and is registered to provide personal care to older people, people with physical, sensory needs and people with dementia in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager 48 hours' notice of the inspection. This was because the service is a domiciliary care service and we needed to be sure that someone would be at the office to meet with us.

Inspection site visit activity took place on the 26 March 2019. It included making telephone calls to people who used the service and contacting staff and professionals via telephone and emails to obtain their feedback. We visited the office location to see the care co-ordinator and review care records, policies and procedures. We also met with one of the office staff.

What we did:

We reviewed information we had received about the service since their last inspection in April 2016 which gave us up to date information about how the service was being provided.

We spoke with three people who used the service. We also spoke with nine care staff and the care co-ordinator.

We viewed a range of records including two people's care plans, their medicine charts and daily notes. We looked at two staff member's recruitment files and records relating to the management of the service and complaints and compliments that the service had received.

The registered manager sent us information we requested after the inspection and this included worked and planned rotas and staff training records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- One person we spoke to informed us, "Since they[staff] started to come in and support me I have never felt so safe, some of the other companies don't even ask you or talk about how you are feeling, If I told this company that I am worried about my safety at night they will try to check on me during the night even if it just a phone call."
- Staff we communicated with were able to evidence that they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety.
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.

Assessing risk, safety monitoring and management

- Support plans and risk assessments had been recently reviewed to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk.
- There were robust systems in place to reduce the risk of people being harmed.
- Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

Staffing and recruitment

- Effective systems were in place for safe staff recruitment. This recruitment procedure included processing application forms and conducting employment interviews.
- Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Using medicines safely

- People told us all medication was safely administered by staff who knew them. Medication administration records (MARS) had some unexplained gaps where it was not clear if medicines had been administered. We asked that a better reviewing and auditing system be implemented to monitor and check all mar charts when they are brought into the office. The co-ordinator informed us, "We have a new computerised auditing system which has been introduced and with time this will be an area that will be addressed."

- Staff involved in the administration of medication had received appropriate training and competency checks had been completed with them to check that they were safe to support people with their medications.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm.
- One staff member told us, "We are fully aware of our responsibility to minimise the risk of infection to people, so when we visit people we always wash our hands and clean up all working areas after we are finished."

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the care co-ordinator to identify any areas where support could be improved to prevent re-occurrence. We noted the service had very low reporting of incidents and this was due to robust assessment and training that was provided to staff working in the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager, care co-ordinator and administration supported staff to provide care to people in line with best practice guidance and legislation. This came in the form of ensuring that all staff had received appropriate training.
- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care. Some of people's protected characteristics under the Equalities Act 2010 were identified such as age, disability, religion, and sex.

Staff support: induction, training, skills and experience

- People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care.
- Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due.

Supporting people to eat and drink enough to maintain a balanced diet

- People informed us they were supported to have enough food and drink and were always given choice about what they liked to eat.
- One person informed us, "All the staff always make sure that I have my shopping and will help me make a meal every day, I have never gone to sleep hungry."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with professionals to enhance and maintain people's independence and dignity.

Supporting people to live healthier lives, access healthcare services and support

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments of their care package.
- Records showed that referrals to health and social care were made in a timely way to enable people to maintain their health and independence.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- We saw evidence that the service was working within the MCA. Assessments were undertaken, people's capacity recorded and consent to care arrangements and the sharing of information obtained.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received a good service from kind and caring staff. People told us that the staff were always very positive and seemed have their interests to heart.
- People also said they found most of the care staff to be respectful and care for them in a dignified way.

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

- Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had review meetings with the management team to identify any needs or wants they may have, along with their overall well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way.
- People's needs were recorded in a clear and sensitive way. People's likes, dislikes and preferences were respected and considered.
- People's confidentiality was respected. Guidance was in place to ensure staff knew about protecting people's information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support needs were well understood by staff. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised.
- Staff, people and relatives knew about the complaint's procedure. Staff told us that if anyone complained to them they would either try and deal with it or notify the registered manager. Complaints we reviewed confirmed this.

End of life care and support

- Systems were in place to support people and their families when a person was coming to the end of their life and would need palliative care.
- Staff told us about how they supported people and their families and worked closely with the palliative care team so that people could have the best care possible at the end of their life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had the skills, knowledge and experience to lead the service. They were committed, caring and led by example.
- People's needs were assessed and monitored, and their rights protected. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager understood their responsibility under the duty of candour to be open and honest and take responsibility when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were passionate about the service they provided and were clear about their responsibilities to provide good quality and personalised care to people.
- Audits and checks took place to monitor the quality of the service delivered. We discussed with the care co-ordinator that audits of medicines, and care calls were not as robust as they should be to enable the service to better monitor the quality and delivery of the service. They informed us shortly after the inspection that a more thorough process had been put in place, with a team meeting planned shortly to discuss and implement this with the staff.

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

- People benefited from a staff team that felt supported by the manager. Staff received positive feedback, encouragement and motivation from their management team.
- Staff attended team meetings which involved them in developing the service. Staff members described working for the service as positive, welcoming, diverse, caring and made them feel looked after and valued.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support.

Continuous learning and improving care

- Lessons had been learnt during the development of the service such as call time monitoring and new

practices put in place for continuity and quality of care delivery.

Working in partnership with others

- The service worked in partnership with others for the benefit of the people they served.
- Referrals to professional health and social care services, follow up calls, updating care plans with advice and changes to people's care needs were undertaken to ensure they received the right level of care when they needed it.