



Inspection Report on

Caring Companions Limited

**Caring Companions Ltd
Unit 31
Enterprise Centre Bryn Road
Bridgend
CF32 9BS**

Date Inspection Completed

23/02/2023

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About Caring Companions Limited

Type of care provided	Domiciliary Support Service
Registered Provider	CARING COMPANIONS LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	04/03/2021
Does this service provide the Welsh Language active offer?	This service is working towards an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.'

Summary

People are satisfied with the care and support offered by Caring Companions Limited. Care staff understand people's needs and know what is important to them. People tell us they receive care in a way they like and feel safe receiving support from a familiar care team. Personal plans are detailed and regular reviews ensure these documents are kept up to date and remain accurate. Medication policies and practices are in place to support safe administration.

Care staff feel supported, sufficiently trained, and are happy working for the service. There are governance arrangements in place to monitor performance and the quality of services provided. Policies are up to date and fit for purpose and infection control measures are understood by the service. Recruitment checks are completed and staff have access to sufficient supervision and training. Care calls are reliable and rotas are well managed.

Well-being

People feel involved in the planning and provision of their services. Personal plans evidence the views and wishes of people and their relatives. People report care staff offer support in a way that they like, and are kind, caring and respectful. Care staff understand the importance of offering choice and familiarising themselves with individual routines. People and their relatives tell us they have the opportunity to provide feedback on the care they receive through regular reviews. The responsible individual (RI) and management team seek regular feedback from people using the service and considers the quality of care provided. People tell us they know how to make a complaint and are confident the management team would listen if they needed to raise any issues.

The service supports people's health and wellbeing. Staff arrive on time and remain for the full duration of their calls. Personal plans we viewed clearly set out the care people require and how this is to be offered. Daily records are maintained to evidence care is provided as required. Medication is administered and recorded safely in line with policy. All staff wear personal protective equipment (PPE) and utilise lateral flow testing (LFT) when required. People report infection control practices are good and they feel safe with staff entering their homes.

The service takes steps to safeguard people from harm. Care staff understand their responsibilities in keeping people safe and are aware of whistleblowing and safeguarding procedures. People's personal information is kept secure and policies and procedures are in line with current statutory guidance and best practice. We found ongoing training ensures care staff are sufficiently skilled to provide good quality care and support. A safe recruitment process ensures staff are skilled and suitable for their role. Staff receive regular supervision to support good practice. The management team monitors and audits the standard of care provided by care staff and there is evidence of oversight by the RI.

Care and Support

People receive positive care and have good relationships with staff. People and relatives report being happy with the service they receive and feel staff are reliable and knowledgeable. One person commented *“They all seem to know what they are doing,” “I would recommend them to anyone.”* People and relatives told us care staff have a positive attitude, arrive on time and complete tasks in an unhurried manner. One relative said, staff are *“very pleasant”* and the care provided is *“exceptional.”* Another person described staff as *“cheerful”* and *“I couldn’t speak any better of them they are fantastic, professional and excellent.”* Staffing rotas evidence care is provided by a small consistent team of staff. Care staff tell us they understand the needs of those people they support and people confirm they have built up positive relationships with the staff team. People describe office staff as helpful and easy to contact. One person told us *“You don’t have to worry about getting hold of them they are always there.”*

Detailed plans outline people’s care and support needs. Initial assessments are completed to ensure the service can meet people’s needs prior to offering support. Each personal plan contains information around individual care needs, personal history, and preferred routines. Records evidence personal plans are reviewed regularly to ensure they remain up to date and effective. Care staff confirm they have access to personal plans and have time to read these before providing care. Regular reviews ensure each person receives the correct care and support and people tell us weekly rotas are provided to ensure they know who is visiting and at what time. Communication logs and daily records we viewed evidence people’s day-to-day experiences and that the care provided is in line with their personal plan.

Medication needs are supported appropriately and staff understand potential risks around infection. We viewed a sample of medication records and found these fully completed with no gaps or errors. Policies and practices are in place to ensure people remain safe from infection as far as possible. Staff understand how to use PPE and people and relatives confirm staff maintain good hygiene practices throughout their visits.

Environment

This theme does not currently form part of the inspection remit for domiciliary support services in Wales.

We can confirm the service operates from secure premises with appropriate arrangements for storing confidential information.

Leadership and Management

Staff receive sufficient training and recruitment practices are safe. Overall staff recruitment files contain the required information and checks to ensure staff hold the necessary skills

and are of good character. Records show staff have good induction, training and shadowing opportunities. Care staff told us they receive sufficient training to effectively and safely carry out their duties. The training matrix we viewed shows that overall staff received the required core and specialist training to support them in their role.

Care staff are positive about the management team and the support they receive. Staff told us rotas are well managed and they have sufficient time to spend completing tasks and travel between calls. Rotas we viewed show the correct number of staff attend each call and we found no evidence of failed visits. Staff tell us rotas are stable and additional calls are not added without prior notice or consultation. Regular supervision is offered and care staff attend team meetings to discuss their professional development and practice. Feedback confirms the out of hours call system works well and all staff report having positive relationships with the office team. One staff member described the company as “*marvellous*” to work for and described communication with office staff as “*excellent*”. Several staff members described managers as “*flexible*” and “*accommodating*” and said that they “*consider family circumstances.*”

There are systems in place to monitor the quality of services. The management team maintains oversight of the care provided through staff spot checks, appraisals and the ongoing monitoring and auditing of documents. Staff know how to record and report any concerns and are confident these would be managed appropriately. A range of policies are in place to support good practice and we found these documents to be sufficiently detailed and up to date. Six monthly quality reports are completed to evaluate the service and support improvements and the RI undertakes regulatory visits with the required frequency.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
73	REG 73 - RI visits – No documented evidence produced to show that RI has met with members of staff who are employed by the service	Achieved
80	Regulation 80(3)(b)(c) - Quality of Care Review - Reports do not detail information relating to the analysis of aggregated data including complaints and safeguarding matters	Achieved
	REG 73 - RI visits – No documented evidence produced to show that RI has met with members of staff who are employed by the service	Achieved
	Regulation 80(3)(b)(c) - Quality of Care Review - Reports do not detail information relating to the analysis of aggregated data including complaints and safeguarding matters	Achieved
	Regulation 58 (2)b Medication is not being recorded appropriately.	Achieved
	Regulation 35(6) Seven DBS checks were found to exceed the three year renewal.	Achieved
	Regulation 36(2)(d) Core refresher training is not up to date for several staff members.	Achieved
	Regulation 80(2) No evidence the quality of care review is being undertaken 6 monthly.	Achieved
	Regulation 41(3)(a)(b) On occasion insufficient or no travel time was given to staff to travel from one call to another.	Achieved

Date Published 24/04/2023