

Serenity Inmind Limited

Comfort Care

Inspection report

Blades Enterprise Centre
John Street
Sheffield
South Yorkshire
S2 4SW

Tel: 01142922136
Website: www.serenityinmind.co.uk

Date of inspection visit:
12 February 2020

Date of publication:
17 March 2020

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

Comfort Care is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 15 people.

People's experience of using this service and what we found

People who used the service were generally happy with the care and support they received. They consistently told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care. Staff clearly knew how to provide personalised and safe care.

The service was run by an experienced registered manager who was committed to providing good quality care. Audit processes supported good service delivery, with some minor improvements needed to people's call schedules to ensure these were consistently well-managed. The registered manager was very open to constructive challenge and after the inspection they sent a list of actions of how they intended to improve aspects of the service, including people's call schedules.

Risks were assessed, and staff followed guidance to safely support people. We saw care coordinators were sometimes involved in care delivery, so they had a good oversight of people's care. People who used the service said they were regularly consulted by staff about their care and felt listened to.

People were supported by staff who were competent and skilled. Staff were trained to administer people's medicines safely and to identify and report any safeguarding concerns. Staff asked people for their consent before providing them with any care. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 23/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led below.

Comfort Care

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats.

The service did have a manager registered with the Care Quality Commission. This means 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 service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 February 2020 and ended on 20 February 2020.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service 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.

During the inspection

We spoke with the four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and nominated individual. We reviewed a range of records. This included two care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff generally arrived on time at people's properties and stayed the full length of time. Staff told us they had enough time to deliver good quality care.
- Some people told us when they contacted Comfort Care by telephone there was not consistently a staff member available to speak with when they needed them.
- Immediately after the inspection the registered manager investigated these concerns and found there was an issue with service's telephone operating system. They assured us the telephone operating system was now functioning correctly. The registered manager also assured us they were working to improve people's call schedules by increasing spot checks to care calls and management visits to people's homes to gather people's feedback.
- We were satisfied the registered manager had appropriate plans in place to address people's comments about call schedules.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Systems and processes to safeguard people from the risk of abuse

- People were safe while being supported by Comfort Care.
- Discussions with staff confirmed they understood how to protect vulnerable adults from abuse and the management team were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.
- There was one recorded safeguarding concern since the service began operating. We saw the service had followed the provider's policies and procedures on safeguarding vulnerable adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and management plans were put in place to support people to remain safe.
- Risk assessments were regularly reviewed.
- The provider had systems in place to ensure accidents and incidents were recorded, investigated and reviewed to identify any learning which may have helped to prevent a reoccurrence. At the time of inspection the service had no recorded accidents or incidents since they began operating.

Using medicines safely

- Medicines were safely managed. People and relatives spoken with confirmed they received their medicines in line with their prescription. One relative said, "Yes, medicines have been well managed. Carers

always tell me if she has had extra pain medication and why."

- Detailed assessments of medicines support were recorded, and staff were trained to safely administer medicines.

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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;
Supporting people to eat and drink enough to maintain a balanced diet

- Detailed assessments of people's needs had been completed before they started using the service, to check the service was suitable for them. A personalised care plan was then written.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- For people who received support with eating and drinking, most people confirmed they were happy with the support they received. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough.
- People's food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals. Staff told us they felt supported by the registered manager.
- New staff received a comprehensive induction when they started working at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required.
- People and their relatives provided positive feedback about how the service supported them with their health.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise a person's deprivation of liberty.

We checked whether the service was working within the principles of the MCA.

- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care. We were satisfied the service was acting within the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind and caring. When we asked one person about the quality of the staff they received support from they told us, "They are all good and some are even exceptional." A relative said, "Staff are very kind. Always friendly. I think they know him well, they have a nice little routine. But I think if pops wanted them to do something extra they would do it."

- The provider's systems and processes supported people to be independent and involved as much or as little in their package of care as they liked. For example, everyone was given a copy of their care plan and had access to clear information about how to use the service.

- People were involved in developing their care plans. The management team visited people in their homes to assess their needs and draw up a plan of care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted. One person said, "I've been involved in the care. We are very pleased and [relative's name] is relieved Comfort Care are good as it takes the pressure off the family you know."

- Staff regularly visited people in their homes and contacted them by telephone to check they were happy with the care they received or if any changes were required.

- The service tried to match the right staff to the right people. Feedback showed people's preferences on who provided their care was respected most of the time. As people's care was usually provided by the same core group of staff they knew their regular carer workers well and had built positive relationships with them. One relative said, "It's just sometimes getting our preferred gender of carer which we want to see improved. Otherwise we are very happy with the care she is getting. Staff are very respectful, I can't fault them to be honest."

- Some people commented as staff rotas were not always provided they did not know who and when staff were going to arrive. We informed the registered manager about these comments.

- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

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

- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. This supported staff to deliver care to people in accordance with their preferences.
- People told us staff knew them well and understood their routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people. We heard positive examples where staff had communicated effectively with people. For instance, staff delivered information verbally and always said who they were before providing care to a person who was partially sighted.
- The provider was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the management team.

End of life care and support

- People were encouraged to share their wishes for when they were nearing the end of their lives.
- The service worked with other health professionals within the community, such as district nurses, to provide end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; 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

- The service was well-led and staff at all levels were clear on their roles and responsibilities to monitor quality and safety of care delivered. We found minor improvements were required to the management of people's call schedules and office communication. Further details are reported under the 'safe' heading. The registered manager was very proactive in addressing people's feedback and immediately after the inspection they sent us a list of improvement actions they planned to make.
- Despite people's comments about call schedules, they consistently feedback the standard of care they received was good. The provider's audit systems supported good service delivery and showed the management team were able to question and act on issues of poor practice.
- The registered manager was responsible for running two of the provider's locations. In conjunction with regular visits to the service the registered manager had good systems in place to maintain oversight and knowledge of the service and they were well supported by a dedicated and enthusiastic care team.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- The provider's ethos, vision and values were very person-centred. During the inspection the nominated individual proudly told us before they started this care company they chose to leave their career in senior management to work as a carer. From there they progressed up to management level. They said, "I believe as a director you need to make decisions from an informed point of view and I want to make a difference to people's lives. I've done the academic part in life but to fully understand how care works you have to start from the bottom."
- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.
- There was an open, honest, caring and positive culture across the service. This was clearly led from the top down. People told us the management team were supportive and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Surveys were sent out regularly to assess people's level of satisfaction with the service.
- Staff and the service worked in partnership with a range of health and social care professionals to ensure people's needs were met. The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.