

Comforting Healthcare Ltd

Comforting Healthcare

Inspection report

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Date of inspection visit:
24 June 2019
25 June 2019

Date of publication:
02 September 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Comforting Healthcare is a domiciliary care agency and provides care and support to people living in their own homes. Not everyone using the service receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 12 people received the regulated activity 'personal care'.

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

Governance and performance management systems were not always effective. Surveys were used to engage with people, however, the information gathered was not analysed to make improvements to the service. The quality of information in people's care plans varied and some records we looked at did not include information about individual risks.

People 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. However, the systems in the service did not support this practice. Decision specific mental capacity assessments had not always been carried out to establish if people had the ability to make informed decisions. Best interest decisions had not been appropriately completed and recorded. We made a recommendation about this.

Staff had received training in the safe use of moving and handling aids and felt confident supporting people to move around safely. People received their medicines as prescribed from well-trained, competent staff.

People were kept safe from risk of harm and ill treatment and the registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team and CQC.

People and their relatives were involved in the assessment and care planning process to ensure the support they received was what they wanted. The provider engaged with advocacy services where necessary to support people to make decisions about their care.

People received kind and compassionate support. Staff supported people to be as independent as possible and maintained people's privacy and dignity when providing care.

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 25 June 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with us.

Enforcement

We have identified a breach in relation to the management oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Comforting Healthcare

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 people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection site visit because it is small and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we held about the service. This included feedback about the service from the local authority contracts and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and one relative. We spoke with three members of care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time looking at records, which included three people's care plans, two staff recruitment files and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and several policies.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Care plans lacked information about how to manage and reduce risks in relation to people's individual needs. For example, one person was at risk of developing pressure ulcers. There was no guidance for staff to follow and associated risks had not been considered. The registered manager acknowledged improvements were needed and this started during the inspection.
- Staff had received training in the safe use of moving and handling aids and they applied this learning in practice. One staff member told us they felt confident supporting people and would recognise and report bad practice.
- A relative told us staff were attentive and gave examples of how they made sure their family member was safe when being cared for.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe from the risk of abuse. They received training in this area and knew when and who to inform if they had any concerns.
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team and CQC.

Staffing and recruitment

- Staff were recruited safely; the provider had appropriate recruitment and selection processes in place to protect people from the employment of unsuitable staff.
- The provider employed the right number of skilled staff to meet the needs of people using the service. Arrangements were in place to cover staff sickness and holidays.

Using medicines safely

- People received their medicines safely and as prescribed. Records accurately reflected the medicines people received.
- Staff who administered medicines had undertaken appropriate training and their competency was assessed by the registered manager.

Preventing and controlling infection

- Staff followed good infection control practises and used personal protective equipment to prevent the spread of infection when providing care.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 people to be deprived of their liberty.

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

- The service did not always seek consent to care and treatment in line with legislation and guidance. It was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.
- One person's care records contained inconsistent information about whether they had capacity to manage their own medicines. Their care plan indicated staff had full control of their medicines, but we saw no mental capacity assessment or best interest decision to support this.

We recommend the registered provider refers to current legislation and guidance for people who lack capacity to make decisions for themselves.

- Staff understood the principles of the mental capacity act and obtained consent from people before offering support. One staff member told us, "People can tell us what they want - you don't force people."

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

- People's needs were assessed before they received care and treatment. A relative told us their family member was asked important questions about their preferences and abilities.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to care for people. They told us they were well-supported by the

management team. Comments included, "If there is anything you need they (The registered manager) will get it."

- New staff had completed an in-depth induction programme; all staff had been offered the opportunity to study towards a diploma qualification in Health and Social Care to further improve their knowledge and skills.
- The registered manager had an electronic system in place to ensure all staff received regular training and supervisions.

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

- People who needed assistance with eating, drinking and meal preparation received the right support.
- Staff gave people choice and made sure they had access to enough food and drink throughout the day. A relative told us, "They (staff) always ask if [Name of person] wants a drink."

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

- Staff kept clear records and worked together to provide consistent care and support.
- Staff and the management team communicated well with other health professionals to ensure people received timely care and treatment.
- Staff received additional, specialist training from other health professionals so that they could confidently meet people's individual healthcare needs.

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.

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

- People received kind and compassionate support that was free from discrimination. On staff member told us, "We have a duty of care for people. We make sure people get the right care - I would report it if not."
- The provider recognised diversity amongst people using the service and staff respected people's individual values, beliefs, cultures and lifestyles. The registered manager gave an example of how the timing of one person's care had been coordinated so as not to interfere with that person's faith.
- People and relatives gave positive feedback about the caring nature of staff. Comments included, "Staff are caring. I don't have a problem - they are very good."

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

- People and their relatives were involved in care planning and reviews took place regularly to make any changes that were needed.
- The provider engaged advocacy services where necessary to support people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff described the importance of maintaining people's privacy and dignity when they provided care and support. They told us they closed curtains and doors before supporting people to wash or dress and ensured people remained covered wherever possible.
- Staff communicated with people in a way they understood. This meant people had access to the information they needed to make informed decisions. A relative told us, "Staff talk to mum, they explain what they are doing and ask permission before they give care."
- People were supported to be as independent as possible.

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 requires improvement. This meant people's needs were not always met.

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

- Care plans did not contain sufficient detail to provide staff with clear guidance. They were not person centred. For example, one stated a person needed help with their personal care, but no further information was provided. Despite this, people told us they were provided with person-centred support as staff were familiar with their likes, dislikes and abilities.
- The registered manager had a good working relationship with other healthcare professionals and sought specialist guidance and training for staff.

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.

- The provider identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss. Information regarding people's communication needs was recorded in their care plans and staff communicated with people in an accessible format of their choice.
- Reasonable adjustments were made for people where appropriate.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place for acting on complaints; information was provided to help people understand the care and support available to them.
- Any concerns were dealt with appropriately by the registered manager when received; there had been no formal complaints received in the time the service had been operating.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- The registered manager had good links with healthcare professionals should their input be required.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The registered manager did not provide effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. Issues relating to risk assessments, MCA and care plans were not identified and/or actioned.
- The provider did not have robust systems in place to implement and monitor safety and quality of the service. Audits were not thorough and did not consider all areas of the service. The registered manager responded to our feedback and began to implement changes during the inspection.

We found no evidence that people had been receiving poor care or had been harmed, however, systems were not robust enough to demonstrate quality and safety was effectively managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had a welcoming and open approach to care. The service benefited from having a registered manager committed to providing good quality care to people who used the service.
- The atmosphere in the office was warm, happy and supportive; people's enquiries were dealt with quickly and professionally.
- People and relatives spoke positively about the registered manager and of the care and service they received.

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

- The registered manager engaged with people, relatives and staff in the running of the service. We reviewed the responses to a recent satisfaction survey, comments included, "My husband received excellent care during his illness. My family and myself felt well supported by the care staff" and "You ladies are perfect. It is impossible to praise them too highly. They were indispensable to us. We both loved them all. Thank you so much."
- Staff attended regular supervision and staff meetings and were given opportunity to feedback at this time.
- The service worked in partnership with other agencies and healthcare professionals to improve people's

opportunities and quality of life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (1) (2) (a) (b) (f)</p> <p>Systems were not robust enough to demonstrate quality and safety was effectively managed.</p>