

Springfield Care Limited

# ComForcare Senior Services - Peterborough Office

## 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

ComForcare Senior Services - Peterborough is a domiciliary care service and is registered to provide personal care to people living in their home. At the time of our inspection there were 60 people using the service. The service's head office is located in Peterborough from where people's care is managed.

This unannounced comprehensive inspection was undertaken by one inspector and took place on 25 and 27 July 2017. At the previous inspection on 12 March 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff had been trained about safeguarding people from harm, they knew what actions to take and who they could report any potential concerns about people's safety to.

Accidents and incidents such as people experiencing a fall, were identified and acted upon when required.

People were supported with the safe management and administration of their prescribed medicines.

Risks to people such as those for, falls, mobility and moving and handling had been identified. These risks were managed in a way which protected people's safety.

People's assessed needs were met by enough skilled and competent staff to provide people with their care needs at a time and in a way the person preferred. People's care needs were responded to in a person centred way.

The training, development and support that staff received enabled them to carry out their role to the standards that were expected of them.

People were effectively supported to eat and drink sufficient quantities of the foods and drinks they enjoyed and gained health benefits from. Staff supported people to access external health care professionals promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with respect by staff who understood what providing people with privacy, dignity and independence meant.

People's views about their care were sought in a variety of ways according to people's preferences. People's views and comments were acted upon.

The registered manager had created an open and honest staff culture where teamwork was fostered to develop staff's knowledge and skills in providing the right standards of care.

An effective governance and quality assurance system was in place and this helped drive improvements in identified shortfalls.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service had improved to Good.

People were enabled, where they preferred, to be involved in their care.

People's care was provided in a person centred way.

### Is the service well-led?

Good ●

The service remained Good.

# ComForcare Senior Services - Peterborough Office

## **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 unannounced inspection took place on 25 and 27 July 2017 and was undertaken by one inspector. On the second day of our inspection we spoke with people by telephone.

In order to plan our inspection we looked at the information we hold about the service, such as the number and type of notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 11 people who used the service, the registered manager, the director for the service, a senior care coordinator, one senior care staff and five care staff. We also visited one person in their homes with the person's permission. This was to help us understand the quality of care people received.

We looked at six people's care records, staff meeting minutes and training and evidence of supervision planning records. We also looked at medicine administration records and records in relation to the management of the service, such as checks on matters affecting people's health and safety. We checked staff recruitment, accident and incident records and quality assurance records.

# Is the service safe?

## Our findings

People continued to be satisfied with the time staff had been planned to provide and meet their personal care needs. The majority of people confirmed to us that if staff were ever going to be late that they were informed about this. Some people however, told us that they would like to be informed if ever staff were going to be more than 10-15 minutes late due to traffic. The registered manager told us that they would make sure staff did this. One person told us that the reason they felt safe was, "The girls, [staff] are always on time, give or take a few minutes. I have the same regular staff and this makes a big difference to how safe I feel."

Staff as a result of their training and experience demonstrated to us that they were confident in maintaining people's safety. This included the knowledge about how to recognise, act upon and report any instance of harm or potential harm. People were assured that they would be kept safe by staff who knew what safeguarding people meant.

We found that risks to people such as for falls, malnutrition and moving and handling had been identified. Effective and robust control measures were put in place to reduce these risks. For example, one person told us, "They [staff] make sure I have my life line [emergency call system] on me." Another person we observed was seen to have the equipment they needed to move safely. They said, "I am helped to move everywhere but they [staff] are very careful with me." Accidents and incidents were responded to such as the incorrect recording of medicines.

We observed, and people and their relatives told us that there were enough staff to meet each person's care needs safely. The registered manager explained to us how each person's levels of dependence was assessed as well as using the local authority's records of people's planned needs. The registered manager told us that if people's care needs increased sufficiently then the additional time or staff resource was put in place. We saw that regular reviews of people's care needs were completed to determine if the support people received safely met their needs. One person said, "I need support to get out of bed and there are always two staff to move me safely."

A comprehensive system was in place to ensure that only suitable staff were employed. One staff member told us, "After my job interview I had a check of my [criminal] records to make sure I didn't have any." Staff we spoke with confirmed that they had been subject to this recruitment criteria.

People told us that they continued to be safely supported with the administration and management of their prescribed medicines. This was by trained and competent staff. One person said, "The girls [staff] give me my medicines on time every day with my meals." Another person said, "Oh yes! I have had my tablets today. They [staff] are very good at recording [medicine that has been administered] in my folder [care plan]."

## Is the service effective?

### Our findings

People told us that staff knew them well and what the best way to respond to their preferences was. Staff confirmed to us and records showed that they continued to receive the training, coaching, induction and support such as shadowing experienced staff to assist them in undertaking their role to the required standards. One person said, "I am quite fussy, but the staff never complain. They just get on with their job and help me to live at home. I like my independence." A relative told us, "We get the same staff consistently. I have never had to tell them about my [family member] who is sometimes reluctant, but [they] do understand why they need help from them [staff]." Another person said, "I am, as a result of their [staff's] help, getting better and my independence back."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures to protect people's liberty who live in the community are authorised by the Court of Protection. The registered manager was aware of the procedures to follow should any person be deemed to lack capacity to safeguard themselves. People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. One staff member said, "I always check to make sure people agree to their care. If someone can't choose their meals or clothes I give a choice for them to choose from by showing them these items." People's independence and choices were respected by staff who understood the key principles of the MCA.

People told us and we observed that people had their nutrition and hydration needs met. One person told us, "I always have a drink and when they [staff] come they will get me a fresh drink. I have my [supplement]." (This is a drink which is intended to provide additional nutrition for people who require extra calories in their diet). People were offered support to maintain sufficient intake of foods and fluids.

People were enabled to access healthcare support when required such as an occupational therapist or community nurse. As a result of this, people's health had improved. One person said, "I was unwell a few weeks ago and the staff were amazing. They called a GP and as a result waited until the ambulance came for me." We found that sufficient guidance was not always provided to staff for health conditions such as diabetes. However, staff were able to tell us the signs and symptoms and the actions they would take such as calling 999 as well as providing, or withholding a sugary drink. The registered manager told us that they would add this information for staff to refer to in future.

## Is the service caring?

### Our findings

People told us and we observed that staff provided people with care that was compassionate and dignified. We were told by people and observed examples where staff respected people's dignity by only providing care behind closed doors, curtains and in private. One person said, "I need help to wash and the girls [staff] need to keep an eye on me for safety but they definitely do this discretely." A relative said, "I know my [family member] ever so well but when staff come they make sure everything is confidential if required." Another person told us, "I know my carers [staff]. Not only do they care for me they always say 'hello how are you'?" The person went on to tell us that it didn't matter what they wanted help with the staff always responded, such as by helping make a bed but respecting professional boundaries.

People told us that staff cared for them with kindness such as by engaging in conversation about current affairs, life in general as well as helping people who could not access the community to keep them aware of what was going on. Staff spent the time they needed to assure people of their wellbeing and they did this in an unhurried and compassionate manner. This was achieved by being aware of the way people preferred to communicate such as with sign language or in a slow and clear manner.

The registered manager and their staff involved people as much as possible in making decisions about their care. They did this with face to face meetings with people, during the provision of care, by telephone as well as contact with relatives. People's care records provided staff with the appropriate guidance to help staff support them in the way they preferred to be cared for. For example, putting staff in place who shared the person's interests. One person told us, "I love talking with staff as they share my passion in raising children and seeing them growing up. It's lovely to reminisce and compare life back then with the life of children today." One staff member said, "It's often a surprise when people get to know you and what they will talk about. This information really helps us get to know the person we care for."

To help support people make informed decisions about their care information was provided on how to access advocacy. [Advocates are people who are independent of the home and who support people to raise and communicate their wishes]. Advocacy could include a lawful representative such as a Lasting Power of Attorney.

People told us that staff remained committed to enabling people and encouraging them to maintain existing independent living skills such as getting washed or dressed. These skills helped enable people to live at home for as long as possible. One compliment the provider had received stated, "Thank you for everyone [staff] at ComForcare who looked after my [family member] so well that they were enabled to live at home."



## Is the service responsive?

### Our findings

We found that people were encouraged to be involved with the assessment and planning of their care needs. This included meeting with people, their relatives, using the local authority's records. This was as well as staff's skills and knowledge about the best way to support people. One person said, "I love bacon butties and I they [staff] get them." Another person told us, "I am hard of hearing so staff need to speak up. Not shouting, but so I can hear them." One staff member told us, "I understand quite a few of the signs [sign language] but the person is also happy for me to write things down on a pad so they can read them." People's care plans reflected their preferences for subjects such as their favourite foods. People's life histories, where available, provided staff with the means to care for people in a person centred way. Other ways staff involved people was by pointing to objects of reference such as a tea cup, towel or newspapers.

As a result of appropriate and individualised interventions by staff people benefitted from the provision of person centred care. Examples of the way that the provision of care which was tailored to people's needs and preferences included regular contact with them such as a Christmas party organised by the registered manager at the service. This was an occasion where people and staff got to know each other better including people living with dementia, their relatives or representatives. This and other contact assisted staff to provide care that was based upon the most up-to-date information. One person said, "I used to be independent with most things and I aim to get back there." This had been as a result of staff's persistence in liaising with the appropriate authorities to put in place the right support such as a hospital bed or walking aid.

The way that people benefitted from person centred care included being more independent, being able to do day to day tasks such as sitting in a favourite chair with support from staff. One person told us, "Now I have my new chair, which staff helped me to choose, I am completely happy." People told us that the biggest difference to their lives was having the same regular staff and that apart from occasions such as holidays or sickness, the same staff attended to their needs.

People were able to express a preference for subjects such as the gender of their care staff and this was, wherever possible respected. One person's comments had been resolved to their satisfaction in now only getting female staff. The registered manager told us, and we found, that in most situations any concerns were resolved before they became a complaint. One person said, "I did have a staff member who I didn't like and they have been replaced with a [different] one. My regular [care] staff are however; amazing. I can't fault anything they do, at all." A complaints process was in place and records we viewed conformed that actions had been taken to the complainant's satisfaction. For example, by changing the timing or duration of a care call.

## Is the service well-led?

### Our findings

At the time of our inspection people continued to benefit from having a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was supported by a deputy manager and a team of staff.

One person told us, "I know [name of registered manager]. They came to see me only last week. We had a really good chat about me and my care." This was as well as ensuring that staff were kind, wore protective clothing, stayed for the right amount of time and made appropriate records. People told us they were satisfied with the quality of their care and the way it was provided. People were unanimous in their compliments about their regular staff with comments such as "amazing", "couldn't be better" and my favourite part of the day." Many people told us that they could not think of ways the service could be improved due to the high standard of care they had received.

The registered manager motivated staff with praise, constructive support and an open and honest culture within the service. Staff were also supported to maintain the right standards of care through spot checks and appraisals of their care practise. Feedback from people using the service, relatives and staff was sought frequently such as through meetings, quality assurance questionnaires and one to one supervisions. One person said, "I haven't ever had a need to, but if I did need to, contact the office I know the number and staff I can speak with." All staff we spoke with were complimentary about the support the registered manager provided them such as being contactable at all times and then being giving relevant advice and guidance.

Staff told us they were completely comfortable in being able to share any suggestions or concerns with the registered manager, safeguarding or the CQC if needed. One staff member told us, "I would only expect the highest standards of care for my loved ones and I expect the same from all staff. I would report unsafe care if this was required." Staff's views were frequently sought and acted upon such as through group or individual supervision and staff meetings Staff meetings were also an opportunity to remind staff to complete records in detail such as the administration of medicines.

People were supported to access services in the community such as those for religion, day centres as well as going out with relatives, or being visited by friends whenever possible.

The registered manager kept themselves aware of current care practise and was supported by the director to do this. This was for subjects such dementia care, relevant health conditions such as Parkinson's disease, information and guidance from the CQC as well as obtaining information from national care organisations.

A regular programme of audits were in place for subjects such as care plans, nutrition and people's medication records. These audits had been effective in improving people's care plans as well as identifying staff's arrival and departure times for care calls with electronic call monitoring. The registered manager was also prompt in addressing those matters that were fed back to them including those we identified during

our inspection.