Comfortcare Partnership Ltd

Comfortcare

Inspection report

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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

Comfortcare is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. These include older people, people living with dementia and people with a physical disability. At this inspection, there were ten people receiving personal care from Comfortcare.

At our last inspection of December 2017, we rated the service as inadequate overall and placed into special measures. We had concerns about all areas of the service. The provider had not ensured people received safe care in line with their needs and preferences. We found the provider to be in breach of regulation 9, 10, 12, 16, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked them to complete an action plan to show what they would do and by when to improve the service to at least good.

This comprehensive inspection was completed on 30 October and 7 November 2018 and was announced.

Since our last inspection the number of people being supported had reduced from 30 to 10 and many of the people who we had been concerned about due to their complex needs were no longer supported by the service. There were also less staff due to the number of people being cared for. The registered manager and care manager had worked with the Local Authority to address our concerns and started improving the management and quality of the service. They had made significant progress and we found the service was no longer in breach of regulations. However, we found some of the new systems were not yet fully implemented or well-coordinated.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. There was also a care manager who had worked closely with the registered manager to implement improvements.

The registered manager had demonstrated a commitment to improving the service by investing in a number of new systems, such as an electronic monitoring system to track staff visits and a new training room. There were new audits in place to check the quality of the service and communication had improved with people, families and staff. There was a more open culture at the service. Communication with stakeholders such as the Local Authority was usually in response to concerns.

We made a recommendation that the registered manager develop more positive and pro-active relationships with outside organisations.

There were enough safely recruited staff to meet people's needs. The registered manager had put new measures in place to improve people's safety, though these had not all been implemented fully and further time was needed to ensure they were effective. Staff had been retrained in administration of medicines and

there were new forms to record and monitor the support provided. Staff supported people to minimise the risk of infection.

Training had improved, though there was still a need to develop staff skills and guidance where people had more complex needs. Supervision of staff had improved, however the new systems to record and review how the service managed staff practice still needed improvement. The care manager was now able to check that people's wellbeing and nutritional needs were being met because staff recording had improved.

Staff worked more closely with external professionals to meet people's needs. Staff ensured support took into consideration people's ability to make decisions about their care.

There was a more caring approach throughout the service, and an expectation of staff to treat people with respect and dignity. People had an increased say in the service they received. Support was more personalised and tailored to people's needs. The new care plans and review process were still being implemented, but once in place they would enable staff to provide a more responsive service to people and families.

The complaint process had improved but the registered manager needed to ensure the system for recording complaints was functioning effectively. There was no one in the service receiving end of life care.

We made recommendations around improvements in developing staff skills in this area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff rotas were better organised and there were new systems to monitor staff visit times.

Accidents and incidents were recorded and investigated, however this process was not yet fully effective.

There had been improvements in the way the service worked to safeguard the people they supported.

Systems around medicine administration were improving.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There had been increased investment in training. Staff did not receive adequate specialised guidance and training to meet more complex needs.

Support and monitoring of good health, nutrition and wellbeing had improved.

Staff considered people's capacity to make decisions when providing care.

Is the service caring?

Good

The service was caring.

The registered manager and care manager had worked with staff to ensure support was provided in a caring manner.

People were treated with respect and dignity.

There was an improved understanding of the need to keep people's information safe.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were being improved to better reflect people's needs and preferences. There was a new system in place to review the care people received.

People received flexible care, tailored to their needs.

The registered manager responded more openly to complaints. The new systems to record the outcome of complaints and any actions taken, had not yet been fully implemented.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A number of new systems were still being implemented, which had the potential to result in sustainable improvements.

Relationships with external professionals and organisations were improving, however developing these further would benefit the service.

The culture was more open and communication between senior staff and people, families and care staff had improved.

There were new measures in place to check on the quality of the service which senior staff needed to coordinate better to ensure they worked effectively.

Comfortcare

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 inspection took place on 30 October 2018 and was announced. We also returned on 7 November 2018 to view a new monitoring system which was being implemented at the service.

The provider was given 24 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we needed to make sure the right people would be available to answer our queries.

The inspection team consisted of two inspectors.

We visited the office location to meet with the owner of the company who was also the registered manager. We also met with the care manager who also provided support to people using the service. We visited the homes of two people who used the service to meet with them and their families. At one of our visits a person was admitted to hospital immediately prior to our arrival so we were not able to speak with them, though we met briefly with their family. We contacted all staff by email and received one reply and one phone call in response.

We spoke with three health and social care professionals, including officers from the Local Authority who had supported the registered manager to drive improvements at the service.

As part of the inspection, we reviewed a range of information about the service. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing care and any improvements they plan to make. We also looked at safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

We looked at three care records for people who used the service. We also looked at further records relating to the management of the service, including recruitment records for three staff and systems to monitor the quality of the care people received.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of December 2017, we found breaches of regulations 12 and 18 of the Health and Social Care Act 2008. This was because people using the service and their relatives did not always feel safe or confident in the presence of staff. The management had failed to recognise the impact that late or missed calls had on people and had not taken timely action to address this concern. Staff did not always support people safely with taking their medicines, as prescribed. We found people using the service were not being supported safely and rated safe as inadequate.

At this inspection we found the registered manager had put improvements in place which were gradually driving up safety standards in the service. The changes had not yet been effectively implemented so we rated safe as requires improvement.

At out last inspection we had concerns regarding the lack of adequate staffing and oversight of the support people received. The care manager showed us an improved system for organising rotas and staffing which made it easier to deploy staff safely. A person told us, "I need two staff for my visit and always get two staff."

The feedback we received prior to our inspection indicated there was still an issue with timekeeping and with care staff staying the agreed time. On our first day at the service, the registered manager told us they were expecting a delivery of new mobile phones which would be fitted with a programme to help track staff visits to people's homes. The system had already been trialled using staff personal phones. This had not been fully successful, so new phones had been purchased for each member of staff. We therefore agreed to visit the service a few days after the delivery, so we could see how the phones were being used to improve the service.

On our return visit, the care manager showed us how the system had the potential to resolve the concerns about timekeeping by tracking the arrival and departure times of each staff member. It very clearly highlighted delays and would make it easier to ensure there were no missed visits. Further time was needed to review how well the system worked in practice, including how well office staff monitored calls daily, and used the information to improve the service. However, we found this level of investment demonstrated a positive response by the registered manager to resolving our concerns.

As outlined in the effective section of this report, a new and improved care plan was being introduced. There were also new risk assessments which would assist the registered manager and their staff to identify and manage risk. However, at our inspection this system had not yet been fully implemented.

A person's care plan stated they were receiving treatment for pressure ulcers. There were no details in the care plan or risk assessment about how this was being managed. The person's care plan was dated August 2016. We discussed this with the registered manager and they advised us they planned to amend the form when the person's needs changed. Although there was evidence of the person's care being reviewed, through informal meetings with the person, family and professionals, this had not been used as an opportunity to update their care plan. The impact was minimal as the person was receiving care from staff

who knew them well. However, this demonstrated the registered manager was not yet implementing their new systems effectively to ensure risk was minimised.

At our last inspection we found the registered manager recorded accidents and incidents, however they did not use this process to improve the service. At this inspection, we noted the registered manager recorded the actions taken immediately after each incident. For example, when a person fell during a visit the registered manager had ensured staff contacted the required health professionals. However, there was no record that an investigation had taken place to consider any gaps in staff skills or whether the care plan needed amending.

We discussed this example with the registered manager and they showed us that they had reviewed the risk assessment, carried out a spot check and had a discussion with an occupational therapist. We found the actions were effective and had resulted in improvements at the service but this learning had not been captured using the new systems.

The registered manager had put new measures in place to improve the administration of medicines, but these were still not fully effective. For instance, there was a new procedure where people's medicines were written out by hand and required two staff signatures, to ensure information had been transcribed correctly. We found examples where there was only one signature. Care plans did not yet provide full guidance to staff around specific needs for each person when they received support with their medicines. We were shown examples of newly completed care plans which were being implemented which would address our concerns in this area.

Staff had all had refresher training in the administration of medicines and there were new forms in place to record the support staff provided. This made it easier to monitor the medicines people had taken. We could see in team meeting notes that staff had received additional guidance to help drive improvements in this area. There were new checks in place for the care manager to monitor the administration of medicines. These had been implemented a few months prior to our inspection so further time was needed to measure their effectiveness.

Staff had received refresher safeguarding training. Since our last inspection, the registered manager and care manager had worked with professionals from the Local Authority to investigate safeguarding alerts, where there were concerns for a person's safety. This process had gradually become more effective, as the new systems were implemented. For example, the trial of the electronic monitoring system provided clearer information during investigations. The care manager described the spot checks and other audits they had carried out when they had received concerns about the care provided by a member of staff. The systems were not coordinated and recorded clearly but the practice demonstrated a more open culture, where people's safety was becoming a priority.

At our last inspection we found recruitment practices and measures to reduce the spread of infection were satisfactory, and this was confirmed at this inspection. Standards in both these areas were increasing as a result of improved training and increased checks on the quality of the service.

Requires Improvement

Is the service effective?

Our findings

At our last inspection of December 2017, we found a breach of regulation 9 of the Health and Social Care Act 2008. This was because staff had not received adequate training to ensure they had the skills to meet the needs of people using the service, in particular, people with more complex health and nutritional needs.

At this inspection we found the registered manager had started to address our concerns, but the changes had not yet been implemented fully and we continued to rate effective as requires improvement.

As well as a reduction in numbers of people being supported, there had also been a marked reduction in the complexity of care needs since our last inspection. For instance, there was no one receiving support with catheter or stoma care, which were areas of concern at our last visit. However, we still had concerns some of the guidance to staff lacked the necessary advice about how to support people with their specific health care needs. For instance, there was limited guidance to staff around the care they provided to a person with diabetes. Staff followed a task list which included supporting the person by administering cream during personal care. The guidance did not however highlight specific needs around skin integrity related to diabetes. There was also limited guidance around monitoring a person's wellbeing and health in relation to diabetes such as what signs might indicate the need to call for emergency assistance.

The impact was minimal as people were supported by staff who knew them well. However, we discussed this with the registered manager, as we had concerns staff needed improved guidance, particularly if the service grew. The registered manager showed us examples of their new style care plan which would provide more detailed guidance, though this revised format was still being implemented across the service.

As part of the improvements in the service there was now a new training room attached to the office. Staff had received refresher training in all mandatory courses, such a medication and risk assessment. This was largely delivered through the use of DVDs. The care manager told us they now also had a discussion time after the DVD to ensure staff understood the training. A member of staff confirmed this and told us they found this process useful. New staff worked alongside more experienced staff to improve their skills before working independently. People told us, "If there is a new person there is usually the carer I know and the one who is being trained" and "My care staff is very conscientious, very trained and bright."

Our previous inspection highlighted concerns with staff skills in helping people to transfer safely. The training in this area had improved. The service provided a practical course which included access to a bed and hoist in the new training room. We were assured the registered manager had started to address these concerns, though further time was needed to ensure staff skills had improved across the service. We also found the new style care plans would provide improved guidance to staff in this area.

The care manager carried out new competency checks on staff, which involved assessing their practice during care visits. When we spoke to them, the care manager described observations were detailed and addressed gaps in staff skills. Their recording of this process did not however reflect this good practice. For example, they had recorded checks had taken place, however where they found gaps in staff skills there was

no record that the issue had been discussed with staff and training arranged. This made it difficult to measure improvements in practice over time.

There was a new system for supervision of staff. The care manager described how they regularly met with staff both formally and informally. A staff member confirmed the supervision meetings took place and involved helpful discussions with the care manager. The records of supervision consisted of a generic form, identical for each member of staff. This meant the records were not used to track discussions with staff, such as managing poor performance or training needs. As outlined in the well led section of the report, we discussed with the registered manager the need to ensure new systems were implemented effectively, and in a joined-up manner.

The new system for monitoring staff visits was also being used to log when staff had received supervision meetings and appraisals with one of the managers. There were prompts to highlight when these were due. The registered manager told us they also planned to use the system to record what training staff had been on, which would help them to coordinate staff training, especially if the service grew.

Staff recorded the daily support which they provided to people. Senior staff were working hard to make sure the quality of the notes improved. The new forms meant it was easier to track what support was being provided, including what food and drinks people had during staff visits. This enabled the care manager to monitor how well people's nutritional needs were being met, which was helping to address the concerns we had raised at our last inspection.

The care manager showed us a new system to record all the contacts to the office such as phone calls with people and professionals. The registered manager told us they were still implementing the system fully and recognised it was quite difficult to find information quickly and would need fine tuning as the service grew. However, we noted a good record of the support offered to people, such as phone calls to social workers or occupational therapists on people's behalf. This demonstrated a more pro-active approach to communicating with outside professionals about people's ongoing needs.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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.

At our last inspection we found the service was working in accordance with the MCA. At this inspection we found this was an area which continued to improve, although most people being supported had capacity to make decisions about their daily care. The new style care plans had been designed to provide improved guidance to staff about capacity. In a team meeting we noted there had been a discussion about what to do if a person refused personal care, which was used to enable staff to develop their skills about capacity and consent.

Good

Is the service caring?

Our findings

At our last inspection of December 2017, we found a breach of regulation 10 of the Health and Social Care Act 2008. This was because people did not benefit from a caring culture. Whilst some staff were kind, other staff did not treat people with dignity and respect. We therefore rated caring as requires improvement.

At this inspection we found the culture in the service had improved and as the service became smaller the registered manager had focussed on retaining staff who treated people with kindness and respect. As a result, the rating for caring had improved to good.

A number of people who had been unhappy with the support they received had now left. We could see from the complaints that they had not felt staff were always caring. The specific staff they had referred to had also left the organisation or were being supported by senior staff to address any concerns. The people and families we spoke to were more positive about the service indicating that people were appreciating the new culture at the service. A person told us, "They are very pleasant. They have been instrumental in helping me get moving and get my confidence back."

There were references throughout our inspection to the family-like culture in the service. We observed the care manager communicating in a personal way to staff, people and their families. A family member described one of the members of staff who supported her family member, "She's an angel, she's like my daughter."

During our visit a person rang the office and after the phone call the care manager told us they frequently rang for a chat. The care manager demonstrated a compassionate attitude, and said, "We are like their family and we ring once a day if we have not heard from them, or we would worry about them."

On-going concerns about disorganised rotas were being addressed through the new systems purchased by the registered manager. People were also supported by a smaller staff group who knew them well. As the care manager carried out some care calls people felt listened to and an important part of the service. A family member told us, "With other agencies you get any Tom, Dick or Harry, with Comfortcare you know who you get."

People felt able to have a say in the service they received. This was promoted through monthly phone calls between senior staff and people and their families. One family member described ongoing discussions with the care manager and individual staff which helped to shape the service. A person told us, "I have trained them in my quirkiness, for example, where to have the shower curtain so they don't flood the floor."

The new care plans which were being implemented provided much more detail about people's specific needs, including information around their cultural and religious needs. We saw the registered manager had highlighted the need to treat people with respect and dignity in all the meetings with staff. This was reinforced and checked on during observations and discussion with staff members.

There was an improved understanding about keeping people's information safe as discussed in the well led section of the report. We observed the care manager respectfully asked a visitor to the office to step into another room while we discussed confidential information about a person.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of December 2017, we found a breach of regulation 16 of the Health and Social Care Act 2008. This was because there was no record the registered manager had investigated verbal complaints or used the information to drive improvements. People were not confident that concerns and complaints would be taken seriously and responded to appropriately or that action would be taken. We also found care plans were not always reflective of people's current needs and rated responsive as requires improvement.

At this inspection we found the registered manager had started to address our concerns, however some of the changes had still to be implemented fully and we continued to rate the service as requires improvement.

We found at our last inspection that care plans were not always reflective of people's current needs and preferences. At this inspection we found where care plans had been amended; there were marked improvements. However, as described in the effective section of this report, not all the plans were in the new format. Whilst current guidance to staff was not always specific to people's individual needs, the new plans had more personalised information about people's preferences and life histories. We were assured that the new style of care plan would contain much improved information, but this had not yet been fully implemented.

There was now a formal structure for reviewing people's care needs, with a system to prompt senior staff to review care plans within six months, or before if people's needs changed. A professional told us, "The provider communicated with me and requested for timely reviews when there were issues with the people I was working with." Not all care had been reviewed in line with the new procedure, as outlined in the safe section of this report.

The new process of reviewing people's needs was detailed but did not specifically record that people had been consulted during the review process. This was balanced by regular contact with people to find out about their views about the service, which was used to make a difference in the care they received. For example, the care manager had changed visit times or tasks being carried out after monthly phone calls. They told us they also visited people within five days of them starting the service to make sure everything was running smoothly.

We found the care provided on a day to day basis was flexible. The care manager described how they tried to accommodate specific requests from people, such as for female carer staff only. During our visit a relative phoned the office to ask if staff could re-start care visits that day to enable their family member to be discharged from hospital. The care manager accommodated this request. Concerns over time-keeping meant people did not always feel confident that staff would be there when they promised. This had some effect on people's quality of life, for example, when planning an outing. The improvements in the monitoring of staff visits was intended to resolve these concerns but it was too soon to measure the impact of these changes.

At our last inspection we found the registered manager had not recorded how they responded to formal and informal complaints. At this inspection we found this had improved. Complaints were logged and we could see actions were taken, including meetings with professionals, people and their families.

A family member told us they were not happy with an issue but felt able to speak directly to the registered manager and was confident it would be resolved. When people complained they received a visit from senior staff. The majority of the complaints related to staff attitude and to timekeeping and the registered manager outlined to people the actions they were taking to provide reassurance they were resolving their concerns.

We looked at a serious complaint the service had received in the summer of 2018. This had been investigated and the registered manager told us the concerns had been addressed, for example, the new system to record staff visit times would ensure staff visited people for agreed visit times. The registered manager and care manager were improving the way they communicated with outside professionals who supported people to complain. However, this was not consistent and records, such as written communication with a person's social worker did not always reflect the efforts senior staff made to resolve complaints.

There was no one in the service who required end of life care. Care planning gave senior staff the opportunity to discuss this with the people they supported and their families, however most care records stated people did not want to discuss this. There was no plan around accessing specialist training to develop staff skills in providing palliative care, should people require end of life care.

We recommend the registered manager seek advice around best practice in end of life care, including how to plan support and how to develop staff skills in palliative care.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of December 2017, we found breaches of regulations 17 and 18 of the Health and Social Care Act 2008. This was because the provider had not submitted notifications to CQC in line with statutory requirements. We also had concerns that the audits and quality assurance systems were not effective in monitoring the standard of care provided and had failed to identify concerns raised during the inspection. We found the registered manager lacked full oversight of the service and rated well-led as inadequate.

At this inspection we found the owner had invested heavily in improvements which were gradually driving up standards in the service. There was still a long way to go to ensure all the changes were effectively implemented so we rated well led as requires improvement.

A member of staff told us, "Everything has got better." The key investment had been in the electronic monitoring system which was improving punctuality and ensuring visits were of a correct length. There was also an improved care plan format which was gradually being introduced to provide better information to staff. We noted that the four care plans we looked at had not yet been amended. This included the people in the service with more complex needs, though there was minimal impact as staff knew them well. However, we found the registered manager did not demonstrate a good management of risk by failing to prioritise the care plans of the people who were at most risk.

Following a complaint regarding confidentially, the provider had arranged for an external advisor to carry out an investigation and training to ensure the organisation was aware of its responsibilities in this area. The findings around the protection of confidential data were discussed with staff to increase their understanding of their responsibilities.

Whilst we were assured by the registered manager's commitment to implement new measures we did not find all the new processes functioned efficiently. For example, an incident of poor practice had taken place which put a person at risk. It was recorded in accident and complaints forms; and a spot check was carried out by the care manager. However, there was no analysis of the incident to ensure learning. The incident was not recorded in the member of staff's records and training needs were not discussed. Further time was needed for the registered manager and their staff team to demonstrate they understood the purpose of the new systems and how they worked together.

The staff group had reduced in response to the reduction in the service and the registered manager told us it had improved the quality of the staff. Team meetings were used to improve communication and set the required standards staff should be working towards. We noted senior staff were now more pro-active about challenging poor practice, such as illegible care notes.

A number of new audits and checks on the service had been introduced since our last visit. These included individual reviews of care, checks on staff competence, care plan and medication audits. The records completed following these checks were not detailed, largely comprising of tick boxes and lists of what area

was being monitored. Many of these audits had only been implemented recently so further time was needed to ensure they resulted in an improved service. We discussed with the registered manager and care manager the need to ensure the checks on the quality of the service were sufficiently robust to ensure areas for improvement were identified and acted upon.

Despite their limitations, the new checks had started to support improvements, for instance data from various audits indicated visits in a particular geographical area were not being carried out to the required standard. The registered manager told us they made the difficult decision to terminate this support as they did not feel they had the necessary staffing at that time to provide safe care. This demonstrated a commitment to ensuring improvements were sustainable and people received good quality care.

The care manager told us they now carried out monthly calls to people to check on the quality of care, which we found to be a positive measure to gather feedback and ensure people received the support they needed. A family member confirmed they received a monthly phone call and said, "I always say timekeeping is a problem. I think they are making an effort for me." The care manager logged the calls, took immediate action and analysed the findings on a quarterly basis. This increased contact resulted in a more open culture and improved communication. A person told us they felt well consulted and said, "I talk a lot to [senior staff] about the changes in the organisation which are making the improvements."

We received mixed feedback from professionals who had been in contact with the service. One professional told us staff had communicated well with them about any issues relating to the care of a specific person. A second professional gave us extremely negative feedback about a concern relating to another person's care. Since this complaint, the registered manager had made a number of the improvements which started to address the concerns raised.

Although communication with professionals about people's daily needs had improved, most communication with stakeholders was reactive, with contact only taking place after concerns were raised. The provider had recently worked more closely with the Local Authority to meet the requirements of a detailed action plan. An officer from the Local Authority confirmed the work which had taken place to drive improvements at the service.

We recommend that the registered manager seeks to develop positive relationships with external organisations and resources, and to use these networks to learn out about and promote best practice within their service.

We looked at the notifications we had received and saw that in response to our feedback the service had sent in notifications, for example, when someone died. However, the information provided was not detailed. Whilst the registered manager had met their statutory requirements, we discussed the benefits of engaging in a more open communication with us to assist us in monitoring the quality of their service in between inspections.