

Comfcare Services Ltd

# Comfcare Main Office

## Inspection report

Unit 6  
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Date of inspection visit:  
16 November 2021

Date of publication:  
06 December 2021

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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

### About the service

Comfcare Main Office is a domiciliary care agency providing personal care to two people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives gave us positive feedback about the service and the care provided. The registered manager mainly carried out the home visits to people. They had developed a positive caring relationship with people they supported. One relative told us, "The manager's priority always would be [person using the service]." People and relatives felt safe using the service and had no complaints.

People's needs were assessed prior to receiving a service. Their needs were recorded in detail in order to support the person safely and effectively. Records noted the help people required and the risks they might face in everyday life. 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; the policies and systems in the service supported this practice.

There were safe medicines management practices and the registered manager was trained to administer medicines to people. People did not currently require the registered manager to work with other agencies. However, if people needed help to attend health care appointments, then the registered manager would accompany people to ensure their health needs were being met.

There were good infection control practices being followed. The registered manager confirmed they had plenty of personal protective equipment to protect themselves and others from infections.

The registered manager was keen to recruit staff, but at the time of the inspection there were no other care staff working in the service. There were systems in place to safely recruit, support staff and provide training as and when staff were recruited. We were satisfied that the registered manager was fully aware of their responsibilities in managing a staff team.

There were audits in place to help the registered manager monitor the quality of the service and to take action if improvements needed to be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 September 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service was registered.

### 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 findings below.

# Comfcare Main Office

## 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 houses.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was announced.

We gave the service three working days notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 11 November 2021 and ended on 16 November 2021. We visited the office location on 16 November 2021.

#### What we did before inspection

We spoke with two relatives to gain their feedback about the service. We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. 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 one relative and a person who uses the service about their experiences of the care provided. We met with the registered manager and reviewed a range of records. This included two people's care records and one person's medication records.

#### After the inspection

We received feedback about the service from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also viewed a sample of policies and procedures, service users guide and results from surveys asking about the quality of care.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe and secure using the service. The registered manager had developed a positive working relationship with everyone using the service. One relative commented, "You just know she [registered manager] is trustworthy" and another relative said, "I have never felt my relative is at risk."
- The provider had appropriate systems in place to safeguard people from the risk of abuse. For example, we viewed the safeguarding policy and saw the registered manager and nominated individual had completed safeguarding training.
- There had been no safeguarding concerns since the service registered in September 2020.

Assessing risk, safety monitoring and management

- Risks to people had been assessed in various areas of their lives. This included, allergies, falls and pressure sore assessments to ensure that people's care and support were managed safely.
- Where potential risks were identified, there were risk management plans in place to guide staff on how to minimise any risks. For example, one person had been discharged from hospital underweight and the registered manager monitored the person's weight and food intake until they were satisfied that the person had gained enough weight to be healthy.

Staffing and recruitment

- Although there were no other care staff currently employed by the provider, we saw all the recruitment checks that would be in place for new staff. This included, an application form that would ask for explanations in gaps in employment, identity checks and Disclosure and Barring Service (DBS) checks.
- There were two people being supported and currently the work was shared between the registered manager and nominated individual. People and their relatives confirmed there had not been any missed or late visits.

Using medicines safely

- There was no-one currently receiving support with medicines. However, there had been a person who had very recently left the service who had required their medicines to be administered to them. We checked their most recent medicine administration records which had all been completed correctly. This person's relative told us, "The manager had been detailed in recording the medicines the person was on, why they were on it, the manager knew what to look out for and we had no concerns."
- The registered manager and nominated individual were both registered nurses and received training in the safe handling of medicines.

Preventing and controlling infection

- People and their relatives told us the registered manager wore protective clothing when they arrived at their home.
- The registered manager followed infection control practices. They left personal protective equipment (PPE), with the person's agreement, in the person's home. There were no issues in obtaining PPE.

#### Learning lessons when things go wrong

- There were systems in place for reporting, recording and monitoring accidents and incidents. There had been no accidents or incidents since the service started supporting people in 2021.
- The registered manager recognised the importance in acting on any concerns in order to reflect and learn from any areas that needed to be improved,



# 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

- People's needs were assessed prior to using the service. This was to ensure people could be safely offered support.
- People and their relatives were involved with the assessment process. A relative explained how before the service started, they all met with the registered manager to talk through the support the person needed. We saw people and/or their relatives had signed the assessment document to show they were aware of its contents.

Staff support: induction, training, skills and experience

- Although there were no care staff currently employed by the provider, we saw the training the registered manager and nominated individual had completed. This covered a range of subjects including, infection prevention and control, health, safety and welfare and food hygiene.
- Systems were in place for when staff were recruited to check on their work through spot check visits and supervision meetings. The registered manager was aware of their role in supporting staff and ensuring they received the training they needed to meet people's needs.

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

- People required little support with their meals and drinks. The registered manager had food and fluid records in place should a person be under or overweight or needed their food and fluid intake to be monitored.

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

- Since being registered in 2020, due to the nature of people's needs, the service had not been needed to work with other external agencies.
- People's health needs were recorded and one relative and person confirmed the registered manager had taken the person to a hospital appointment when the relatives could not.

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.

- People using the service had the capacity to choose if they wanted to receive support from the service. We saw records in place where people had signed to confirm they were happy to be supported by the service.
- The registered manager had completed training on the MCA and was fully aware of involving other people and professionals if a person required a best interest assessment.

# 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed they were respected and felt involved in the care being provided. Comments included, "[Person using the service] has got a nice relationship with the manager who visits her" and "She [registered manager] seemed compassionate and spoke in a caring tone."
- During the assessment process, the registered manager documented if people preferred to be called a name other than their birth name. They also checked if the person had a gender care preference when receiving personal care support. This ensured the registered manager (when they recruit staff) knew who to match with the person.
- The registered manager was an advocate for encouraging people to gain their independence and daily living skills. One relative explained how the person had required a lot of support and visits when they initially received a service. Once the person settled back home and was supported to do more things for themselves, the registered manager confirmed to the relative that they no longer needed to visit quite as much. This demonstrated that the registered manager recognised and provided help that was flexible to meet the changing needs of the people using the service.
- Everyone told us that the registered manager was kind and thoughtful. One relative said, "The person was a private person, but was happy with the manager who was respectful."

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

- People were involved in how they wanted to be supported before they started having home visits from the registered manager. Relatives confirmed they informed the registered manager what help people needed.
- As it was the registered manager mainly providing the care, they could receive feedback about the service on a daily basis. We asked people and relatives if they felt able to share their experiences about the care being delivered, as it was the registered manager providing this. Everyone said they felt comfortable with the registered manager and would not hesitate in talking with her about the support and care being offered.
- The registered manager confirmed they offered a flexible service so that if a person needed them to visit at a different time they would accommodate this.
- People were given information in the form of a 'service user guide'. The guide detailed the standard of care people could expect and the services provided.

# 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

- The registered manager used the detailed assessment to record people's needs. They confirmed they would be using a separate care plan soon after the inspection, making it easier to review and update as and when people's needs changed. There was a clear schedule of tasks to complete on each visit which acted as a summary of the person's needs.
- Personal important details were recorded, for example, if the person liked to wear make-up or if they had a preference for clothing. In one person's records it was clear they liked to wear trousers rather than a skirt.

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 recorded, along with how staff should communicate with them.
- The registered manager told us that there was no-one who presently needed information in another format. However, if they did then this information would be provided in a suitable format.

Improving care quality in response to complaints or concerns

- People and relatives told us they would be happy to raise a complaint, if they had one, directly to the registered manager. Comments included, "We know how to make a complaint" and "[Person using the service] would raise a complaint if she had one, she can speak her mind."
- The registered manager told us they had not received any complaints since they started to offer a service earlier in 2021. There was a complaints policy in place which was given to people and/or their relatives at the start of people receiving a service.

End of life care and support

- The service did not support people receiving end of life care. However, the registered manager had an end of life policy in place and if people were happy to share their end of life wishes this was noted in their assessment record.

# 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.

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

- The registered manager was receptive to the inspection process, sent us information when requested and was keen to place people at the heart of the service.
- People described the service as, "The manager is like a friend to me, I am very happy with the service." Relatives commented, "The manager is so professional and always checks if there is anything else she can do when visiting [person using the service]."
- People were helped to gain confidence and more independence where possible. This ensured there were good outcomes for people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were happy with the service provided. They felt the service was well organised and reliable.
- Surveys had been sent to people and their relatives and the results so far had been analysed to identify if there were comments that required any action. The results had been positive, and the registered manager confirmed these would be shared with people using the service.
- The registered manager could respond to any direct feedback as she saw people on a daily and/or regular basis.

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 registered manager was aware of their responsibilities in relation to duty of candour. They knew any issues and complaints that was brought to their attention, needed to involve the relevant persons along with informing them of the outcome of any investigation.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification forms appropriately to CQC.

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

- There were various audits in place to check on the quality of the service. This included, checks on medicine administration records, stocks of personal protective equipment and audits on completed

assessments to ensure these were appropriate, accurate and fit for purpose.

- Other quality assurance checks were being developed to ensure checks covered a wider range of areas, such communication logs written after each visit and staff files would be audited, once staff have been recruited to the team.
- The registered manager kept up to date with current social care practice via CQC, Skills for Care and Social Care Institute for Excellence (SCIE). They also planned to join the local authority's meetings which would allow valuable sharing of ideas and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.
- The registered manager had not yet worked with other professionals but recognised the importance of working in partnership as and when the need would arise.