

Comficare Limited

Comficare Ltd

Inspection report

The Business Support Centre
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21 March 2016

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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

Comficare Limited is registered to provide personal care to people in their own homes who may have a physical disability or who may be living with dementia. The agency provides services to people in Bideford, Barnstaple, Torrington and the surrounding areas. At the time of the inspection 30 people were being supported by the service. The service employed 15 care staff.

This inspection was undertaken on 14 and 21 March 2016.

We last inspected the service on the 10 & 11 September 2014. At that inspection we found the provider was not meeting all of the regulations we inspected. The need for improvement was identified in relation to the management of medicines and records. At this recent inspection we found improvements had been made.

There was a registered manager in post. 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.

People, who used the service, and their relatives, were complimentary about the standard of care provided. Comments included, "...I can't praise the staff enough...some are exceptional"; "They (staff) are great friends to me..." and "The service is very good...there is never a problem..." Professionals were equally complimentary. One said, "...the service is very accommodating..." Another said, "...Comficare have found good solutions..."

People were treated with kindness, dignity and respect and they were supported to remain as independent as possible. Staff knew people well and ensured their preferred routines were met. People were involved with planning and reviewing their care. Care records were written in a sensitive and person centred way.

People and their relatives said the service was 'reliable and flexible'; staff arrived when expected; stayed for the agreed length of time and visits were not missed. Since the last inspection two visits had been missed in error. The registered manager had apologised to the people affected.

People said the service they received was safe. Medicines were safely managed where staff assisted people, and procedures were in place to ensure people received their medicines as prescribed. Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and how to reduce them.

There were sufficient numbers of staff available to meet the needs of people who used the service. There was an effective recruitment and selection process in place and the necessary relevant checks had been obtained before staff were employed. Staff were suitably trained and received regular supervision and support.

Staff had an understanding of the Mental Capacity Act 2005 and when needed mental capacity assessments were completed. Staff understood the issues of consent and people confirmed staff enabled them to make choices about the care and support delivered. When people lacked capacity to make their own choices, decisions had been made on their behalf in their best interests.

A complaints procedure was in place, which people confirmed they were aware of. People's concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

People said the service was well managed. There were effective systems in place to monitor the safety and quality of the service. Regular feedback about the quality of the service people received had been sought. Where improvements had been identified there were on-going plans for improving people's experience of the service.

The service had developed good links with other community professionals. One professional said there was good communication with the service and that they were always alerted to any concerns or problems. Another said, "We have been impressed with Comficare's input..."

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.

Staffing arrangements ensured people's needs were met as planned. There was an effective recruitment process in place to ensure new staff were suitable to work with people in their own homes.

Risks to people's safety and wellbeing had been identified, with guidance for staff to reduce any identified risk. Accidents and incidents were appropriately recorded and investigated.

People were supported to manage their medicines safely

Is the service effective?

Good ●

The service was effective.

Staff were suitably supported. They received appropriate training and received regular supervisions and appraisals.

People were encouraged to eat healthily and were supported to prepare food of their choice.

People had access to healthcare services. The service had developed good working relationships with other health and social care professionals.

The provider was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with staff. Staff were caring and friendly and were mindful to protect people's privacy and dignity.

Staff knew about people's preferred routines and how to support them as they wished.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in planning their care and care records were written in a person centred way.

There was an effective complaints procedure in place and people knew how to make a complaint and they had opportunities to offer feedback about the service.

The service was flexible and reliable. People received a service when they expected, and staff stayed the correct length of time.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and was aware of their responsibilities. The service had a positive culture that was person-centred, open and inclusive.

There were systems in place to monitor the quality of the service and seek the views of people using the service, their relatives and staff.

The service had developed good links with other community professionals to ensure people's changing needs were met.

Comficare Ltd

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 was undertaken on 14 and 21 March 2016. The inspection was announced forty eight hours in advance as it is a small service and we needed to ensure the registered manager was available to assist with the inspection. The inspection was completed by one CQC inspector over two days.

We reviewed information about the service before the inspection. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

On the first day of the inspection we met the registered manager at the office. During the inspection we spoke with five members of staff. We visited four people living in their home with their permission and we spoke with a further five people on the phone. We also spoke with six relatives and three visiting health and social care professionals involved in people's care.

We reviewed four care plans and other care records; training records, three staff recruitment and support files and records which related to the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe when receiving care from staff. Comments included, "Yes I feel safe with the girls. Everything is done that I want. They (staff) are as good as gold"; "Things are going very well. The staff are all very good and know what they are doing" and "I am satisfied with the service. Staff are very gentle. They are a great help..."

Relatives also felt that the service delivered was safe. One said, "Yes, definitely the service is safe. It has eased my mind a terrific amount ..." Another relative commented, "Manager and staff are excellent. I cannot rate (named member of staff) highly enough. They are all on the ball..." Professionals made similar comments with one saying, "...they (the manager and staff) manage well under difficult circumstances at times...staff are considering the patients safety..." Another said, "I have no concerns about the service and the feedback from service users and families has been positive..."

Staff were aware of their responsibilities with regard to protecting people from possible abuse or harm. They had received training about safeguarding people and were able to describe the types of abuse people may be exposed to. Staff were able to explain the reporting process for safeguarding concerns. They were confident action would be taken by the registered manager about any concerns raised. They also knew they could report concerns to other organisations outside the service if necessary. The registered manager was aware of their responsibilities and had in the past made appropriate safeguarding alerts to the local authority team. A person using the service said, "There has never been a bad word...the staff are very good to me..." Another said, "I have nothing but praise for the staff...they are all very lovely...very considerate..." Other people also echoed this.

Risks relating to the delivery of care for each person had been identified and were included in people's care plans. Specific guidance was available for staff to follow in order to minimise risks. For example, where moving and handling posed a risk; or if the person was at risk of falling or if a person was at risk nutritionally. One person we visited required specialist moving and handling equipment in their home. There was specific guidance for staff to follow to keep the person safe. The person explained all staff visiting them were competent to use the equipment. They added, "They (staff) know what they're doing...I feel completely safe with them..."

Where staff had concerns about a person's safety, they made appropriate referrals to other health care professionals. For example one person was at an increased risk of falls. A multidisciplinary meeting was arranged and additional advice and guidance was given, which was incorporated into the person's care package. This resulted in a reduction in the person's falls. When health professionals gave advice to reduce risks, for example with swallowing or choking risks, that advice formed part of the person's care plan. Staff were aware of the risks some people may experience and the action they needed to take to reduce these risks. One health professional said, "I have been impressed by Comficare's input...they have found good solutions to problems..."

Staff were aware of the procedures to follow in an emergency, for example if there was no response from a

person when staff knocked on the door; or if they found a person unwell or collapsed. This meant there were arrangements in place to deal with foreseeable emergencies.

Where people had a 'key safe' to enable staff to enter their property, there was a system in place to maintain people's safety and security. People said staff always ensured their property was safe and secure before they left.

Accidents and incidents were handled appropriately. Staff knew to report any accidents or incidents to the registered manager. They completed a record detailing the situation, which the registered manager reviewed. Where necessary action was taken to reduce the likelihood of a reoccurrence. Referrals were made to seek advice from other professionals, for example the community matron or occupational therapist. A health professional said, "There is good communication from the agency..."

At the last inspection we found appropriate arrangements were not in place in relation to the recording of medicine. As a result we issued a requirement. At this inspection we found the overall management of medicines had improved.

There were procedures in place to support people with the management of their medicines. The registered manager said staff did not administer medication; rather they prompted and reminded people to take their medicines as prescribed. Staff also assisted some people to remove medicines from packages. The medicines policy re-enforced this approach and staff confirmed that prompting and reminding was the extent of the support provided in relation to oral medicines.

Medicines administration records (MAR) had been completed to show staff had prompted and assisted people with oral medicines where necessary. Handwritten MAR's had been signed by two staff to ensure accuracy and accountability. Regular audits of the MAR were carried to ensure people were receiving the agreed support with their medicines.

Where creams or gels were prescribed, their use was detailed, although there were some gaps on the MAR of one person. This was discussed with the registered manager. They said a reminder was to be sent to staff about recording the use of creams. All staff assisting people with their medicines had received training to promote safe practice. The support required by each person was detailed in their care plan.

There were sufficient staff available to ensure planned visits were fulfilled. People said the service was reliable; that staff arrived when expected and stayed for the agreed length of time. People confirmed that visits had not been missed. One person said, "I always know they are coming. I have different carers but I know them all..." Another person said, "I have never been let down..." A third said, "Staff don't rush me. I can't be rushed and they understand that I need time..."

The registered manager said missed visits were "very rare" but since the last inspection in September 2014 two visits had been missed by a member of staff. The registered manager undertook an investigation and followed the provider's disciplinary procedure as a result. The registered manager had apologised to the people using the service.

Staff said they usually had sufficient time to allow for travel between people's homes. This was sometimes affected by the seasonal traffic, which could cause minor delays. Staff said if they were delayed they would contact the person to let them know. Staff were usually allocated to support people within a geographical area. The registered manager explained this was to reduce travel time. The registered manager said they were planning to review the travel time between visits. This was to assess if an additional hour per day would minimise the possibility of staff being late for visits or working unpaid hours. Staff said they had

enough time at each visit to deliver the care and support required. They said they did not feel they had to rush people.

Effective recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Our findings

Feedback from people was generally very positive. People felt staff understood their needs, preferences and routines. People said staff were "well-trained" and "professional". One person said, "They (staff) are all perfectly alright...they know what they are doing. They are life savers." A relative commented, "The staff are excellent...I can't rate them highly enough..." A professional said, "Staff do a very good job, sometimes in difficult circumstances..." Another professional commented, "Staff are professional and competent...I have no concerns about this service..."

People received care and support from staff that received training and support on how to undertake their role safely and effectively. All new staff received induction training, which followed the nationally recognised Care Certificate. We spoke with a newly appointed member of staff who was completing their induction. They said the support offered had been "really good..." They added, "You can always ring the office, even with a silly question...someone will always give support..." Induction training consisted of a period of 'shadowing' experienced staff to help new staff get to know the people using the service. The new member of staff confirmed they were not expected to undertake duties or tasks they did not feel confident with. Another member of staff said, "I had a good induction...told everything I needed to know. I wasn't chucked in at the deep end..."

The service provided staff with on-going learning and development opportunities. Training was delivered in a number of ways, for example, face to face courses, on-line learning, 'on the job' training and workbook assessments. The training matrix and individual records showed essential training was included, such as moving and handling, safeguarding, first aid, food hygiene and infection control. Some staff were due to have fire safety training, which had been arranged for April 2016. Future training included dementia care and diabetes awareness. Staff were also supported to obtain nationally recognised care qualifications. Records showed 40% of staff had obtained a care qualification with another four staff enrolled.

Staff confirmed they received supervision on a regular basis; this was through one to one meetings and observations that were completed when senior staff accompanied them on visits. Records showed staff were encouraged to discuss any concerns or training and support needs at each supervision session. They also received feedback about their performance. Staff said they felt supported by the registered manager and supervisor. One member of staff said, "The meetings are useful. I can talk about anything I want to bring up..."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

People confirmed they were always asked for their consent before care and support was provided. During

home visits we observed staff involving people in decisions about the care they received. Records showed staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were made in people's best interests. Records showed the involvement of professionals and relatives in the decision making process where appropriate. Staff had received training about the MCA and they demonstrated an understanding of people's right to make their own decisions.

People's medical history and health needs were recorded in care records to ensure all staff were aware of any concerns. Care records also contained the contact details of GPs and other health care professionals. This meant staff could contact health professionals if there were concerns about a person's health. People's health needs were monitored, for example where they were vulnerable to developing pressure damage. Records confirmed staff worked with health professionals such as the community nurses. Occupational therapists and physiotherapists were also contacted if there were concerns about the equipment being used, or if people's mobility needs had changed. One health professional said, "We have been impressed with Comficare's input..." When necessary, referrals were made to the Speech and Language Therapy (SALT). Where recommendations had been made to reduce the risks to people, these had been incorporated within the care plans.

Where people required support in relation to food and fluids, this was documented in their care records. The amount of help people required varied. Some people required encouragement and prompting at mealtimes, which staff were aware of. Staff prepared meals and snacks for people. People said they were involved in planning meals where they required help. During visits to people's homes we heard staff asking people what they wanted to eat and drink for breakfast and lunch.

Staff monitored and recorded what people had eaten. They said they would report any concerns about a person's dietary intake to the registered manager. A visiting health professional described how, with the help of the care staff, one person's health had improved and their previous weight loss was also improving. They added, "The staff have a person centred approach. They are encouraging (person) with a varied and healthy diet..." A relative said, "I feel (person) is very well looked after, staff are very attentive and patient. They offer food and drinks at every visit and let us know if they have a concern...we couldn't ask for more really...(person) is eating so much better now."

Is the service caring?

Our findings

People received care and support from staff who were mindful of their privacy and dignity. People said personal care was discreetly managed by staff. During visits to people's homes staff offered them time alone in the bathroom if needed. One person said, "I feel very comfortable with staff. I never feel embarrassed... they (staff) are all very caring and kind..." Another person said, "I didn't want a male carer and this is respected. The girls are so nice. There's not one I don't like or get on with..." A relative commented, "Staff are very respectful of our home...we are very satisfied with the service..." A social care professional said, "The staff are respectful of (person's) space...they are professional and considerate..."

People received their care and support from staff who were compassionate, kind and friendly. Several people said how "having a laugh" with staff made a difference to their day. One person said, "I look forward to them coming...they brighten my day..." Another person said, "They are patient and lovely and they help me. It reduces my stress." A third person said, "They (staff) are like friends to me...they are lovely..." During visits to people's homes we observed staff's approach and attitude. Staff had developed positive relationships with people and were consistently considerate and sensitive in their approach. All of the people we spoke with said staff "did not rush them".

People said they were encouraged and supported to maintain their independence. Care records contained information about people's level of independence and what support was required from staff. One person said, "Them helping me means I can stay in my home. I can still be independent. They are a God send...a real advantage..." A relative said they were "really pleased" with the service. They added "It has given me a break...they (staff) come regularly and I can rely on them..." Staff used technology, such as a computer tablet to enhance communication with one person. A social care professional said, "The package (of care) is working very well...They (staff) have been very flexible when developing this person's service..."

People using the service and their relatives said they had been involved in developing a care plan. They confirmed the care and support they needed was carried out as they wished. Staff ensured people were involved in decisions about their care and support. For example what tasks they wanted to be undertaken, what food was prepared for meals and what clothes they would like to wear. One person said, "I never have to ask twice for things...they all know me and my ways." Another said, "They know my routines but always check if I need anything else...I am very happy with the service..."

People received information about the service and what to expect. Each person received a 'service users' guide'; information about the complaints procedure; office contact details and the emergency 'out of hours' contact details. People said the registered manager and staff in the office was responsive to their requests and suggestions. One person said, "They are all very pleasant whoever I speak with..." Another said, "It is reassuring to have the contact numbers just in case I need them..." One relative said messages were not passed on to staff on two occasions when the family cancelled a visit.

Is the service responsive?

Our findings

People benefited from a small team of generally consistent staff, who got to know their needs and preferences well. People said they knew most staff and usually had regular staff. People said they got on well with the staff visiting them. They told us when a new member of staff joined they were introduced and always accompanied by an experienced and familiar member of staff. One person said, "There is never a stranger at my door..."

The registered manager had put an eight week rota of staff duties in place. This meant all staff got to know all people using the service. None of the people we met had concerns about these arrangements. One person said, "The staff may change but I know them all, no strangers...they all know me and my ways..." Another person said, "Whoever comes they are all very caring..." A third person commented, "There's not one I don't like...the girls are so nice..." One relative was concerned about these arrangements as they felt continuity was important to their relative. With their permission, we discussed their concerns with the registered manager, who agreed to speak with them.

People's needs had been assessed prior to a service being offered. The registered manager had visited them to discuss their needs and preferences and what to expect from the service. One person said, "We met (the registered manager) to talk about everything. I can make suggestions, which are listened to...there is a good care plan in place...we are very pleased." Another person said, "I told them about the help I needed...They will do anything I ask of them..."

People and their relatives were involved in planning and reviewing the care delivered. Everyone was aware of their care plan and where it was kept. One person said, "I can read that if I want to..." A relative said the registered manager had been "receptive" when they had made suggestions. Care plans contained detailed information about how staff should deliver each person's care and support. Additional information was obtained from health and social services where appropriate, and incorporated into people's care plan. Records were respectfully and sensitively written. People's preferred routines were clearly written in the care plans, and included the order in which the person liked their daily routines to be carried out.

The service used a document called "clients story" which held details of the person's family history, interests, preferences and past occupation. This gave staff a sense of the person's character and past life. Staff confirmed they received the necessary information about how to support people and that care records provided good information to guide them. Similarly, professionals said the records were 'good' and provided a good account of the care planned and delivered. Regular care reviews were carried out by the registered manager and other professionals and involved people using the service and their family, if appropriate. Any changes to the person's care plan were recorded as appropriate.

The service was flexible and responsive to people's individual needs and preferences. One professional described how the service supported one person to enjoy regular overnight stays with relatives. The staff continued to visit them daily at their relative's home to deliver care and support. The professional said, "That is appreciated (the flexibility of the service)...the service is working well..." Another person said when

they needed to change visits the registered manager was happy to accommodate. They added, "I would really be lost without them..."

People knew how to complain and all said they would speak with the registered manager should they have any concerns. They felt any concerns would be taken seriously and appropriate action would be taken. One person said, "I had a complaint once. It was dealt immediately. The manager listened and acted." Another person said, "I wouldn't be afraid to speak up...(the manager) would listen to me."

The service had a complaints procedure, which was detailed for people within the 'service user guide'; a copy of which was in every home. The service had received three complaints since the last inspection. Records showed complaints were taken seriously, investigated, and responded to quickly and professionally. Where necessary the registered manager had written an apology to the person. All complaints had been resolved satisfactorily.

Is the service well-led?

Our findings

People using the service, most relatives and all professionals contacted as part of the inspection, said they felt the service was well managed. People and relatives said they would recommend the service to others. One person said, "I would say it is well managed...I am happy with everything." Another person said, "A relative said, "They are reliable...never missed a visit. I think that is a well-managed service..." A professional said, "If I could choose I would choose Comficare..."

Since the last inspection the registered manager had reviewed the management structure to improve the monitoring of the service and support to staff. The registered manager was in day to day control of the service and was supported by a 'care co-ordinator' and an administrator in the office. Four supervisors worked in various locations to provide support for staff, especially new staff; and to monitor record keeping and provide 'on call' support. At the last inspection we found people's personal records including care plans and medical records were not accurate or up to date. At this inspection we saw improvements had been achieved. A health professional said, "The records are clear..."

The leadership of the service promoted an open and approachable culture, which was willing to listen and learn. People who used the service were aware of who the registered manager was, all knew her by name and all said they saw her regularly. People told us communication with the service was good and they were kept up to date with any changes which may occur. People said they were contacted by the registered manager or supervisor every month by phone to ask if they were happy with the service. Records showed feedback from people was positive, with comments confirming the service was reliable and that people were happy with the staff supporting them.

The registered manager monitored the quality of the service in a number of different ways. Any concerns or complaints were addressed promptly. One relative said, "If there are any concerns (about their relative) the manager is there straight away. The manager and staff are excellent..."

People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. 'Spot checks' were also carried out. During spot checks the registered manager or supervisor observed staff practice and approach when undertaking their duties, to ensure they worked safely and displayed a respectful attitude. The registered manager explained that if any practice issues were observed during these visits with staff, they were discussed at supervision meetings.

Questionnaires were sent out to people who used the service and their relatives. We reviewed the results of the most recent satisfaction survey, compiled in January 2016, which showed a high return of surveys. The results showed a high satisfaction rate, with most people rating all aspects of the service as "excellent" or "very good." One person had commented, "Your staff are always friendly and caring and nothing is too much for them..." Another wrote, "...the care and attention I receive is second to none..." The registered manager had written to people using the service sharing the results of the surveys. One area for improvement raised by two people was to see the same staff more regularly. The registered manager had acknowledged that due to staffing issues late in 2015 people had experienced a number of changes. We found improvements

had been made and the vast majority of people were happy with the current staffing arrangements.

Staff meetings were held regularly and minutes of the meetings showed a variety of topics were discussed and staff were able to share suggestions and voice their views. Staff said meetings provided them with an opportunity to come together and share ideas. Important matters about various aspects of the service were discussed. For example, the new management structure; staff rotas and issues relating to people's care and support. Where staff had made suggestions, for example about rotas or equipment, the registered manager had acted on these. Where suggestions had not been adopted, the registered manager wrote to staff to explain why.

The registered manager ensured staff received relevant training, support and supervision so staff understood their roles and could gain more skills. Staff felt supported and spoke positively about the registered manager. One said, "We have good training and support...it is a good company to work for..." Another said Comifcare was a "Happy place to work..." Staff also described good team work; one said, "We have a good group of girls..." Another spoke about "good communication"; they said, "You are always told about any changes..." This promoted good working practices within the service.

Clear and accurate records were maintained, including detailed records about each person's care and their individual needs. Care plans were reviewed and audited by the registered manager on a regular basis. There were auditing systems in place to identify any shortfalls in records, for example medicine administration records. Action was taken to deal with these for example, meetings with staff to discuss areas for improvement.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Accidents and incidents were monitored by the registered manager to help identify any themes and consider if additional steps needed to be taken to reduce potential risks.

The registered manager submitted statutory notifications to CQC as required by law, relating events at the service, such as changes or allegations of abuse. This enables CQC to monitor the service and how these incidents were dealt with.

People benefited from the good working relationships the registered manager had established with external professionals. The service was proactive in sharing information and seeking guidance from other professionals. One professional said the service was "reliable and flexible". Another commented, "There is good communication between us..." They added that the registered manager and staff had attended 'joint visits' with them and they were alerted about any problems, so they could be dealt with swiftly.