

Mrs Wendy Jane Luxford

Homecomforts

Inspection report

9 Fox Cover
Chinnor
Oxfordshire
OX39 4TH

Tel: 01844354994

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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

We inspected Homecomforts on 5 May 2016. This was an announced visit. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available in the office. Homecomforts is a service which provides care and support to people who live in their own homes. At the time of our visit 26 people were using the service.

There was a registered manager in post at the service. 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 and their relatives complimented the caring approach demonstrated by Homecomforts team. All the feedback received reflected the service exceeded in providing person centred support. People were supported in a way that respected their wishes and preferences and promoted their dignity. The registered manager and their team of staff often went out of their way to provide people with high quality care and support. The registered manager and staff ensured people received compassionate care at the end of their lives.

People were supported by staff that were aware of what action to take if they suspected people were at risk of abuse. There were sufficient numbers of staff employed to provide care. Records confirmed recruitment checks had been carried out to ensure only staff that were suitable and of a good nature were employed to work with people.

Risks to people's individual needs had been identified. Care records reflected what actions needed to be taken to manage these risks. People received their medicines as prescribed.

People were supported by staff that understood the principles of the Mental Capacity Act 2005 and their responsibilities to respect people's rights. People were supported by staff to maintain a healthy diet and people's nutritional needs were assessed and recorded in their care documentation. People had support to access health care services.

People and their relatives, where appropriate, were involved in their care planning. The service responded well to people's changing needs. People received care and support appropriate to their assessed needs and people commented positively on the flexibility of the service. People told us they knew how to raise concerns but had never needed to as the registered manager ensured all minor concerns were addressed promptly.

The registered manager had effective quality assurance processes in place to monitor the service provided. People and their relatives had opportunities to make suggestions in relation to the support and service they received. The registered manager and the team demonstrated a positive culture and a strong commitment

to delivering high quality support.

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.

Individual risks were recognised and people's care plans contained information and guidance for staff on how to manage these risks.

Staff were aware how to keep people safe from the risk of abuse and harm.

People were supported to take their prescribed medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further development.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to access health services when required.

Is the service caring?

Good ●

The service was caring.

The registered manager and the team promoted a strong person centred culture which ensured people were listened to.

People were involved in all aspects of their care and they felt they and their views mattered to the service.

People's needs and wishes were fully respected and their right to privacy, dignity and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives, where appropriate were involved in their care planning process.

People received individualised care and support appropriate to their assessed needs.

People told us they knew how to raise concerns but they never needed to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and the team worked together to provide high quality service. This ensured everyone was involved in running of the service.

Staff knew how to raise concerns.

The service had a culture of openness and promoted a person centred culture.

Homecomforts

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 and 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 5 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

We spoke with four people, five relatives, three care staff and the registered manager. We reviewed four people's care files, three staff records and records relating to the management of the service. Following our inspection we received feedback from 25 relatives and six external professionals.

Is the service safe?

Our findings

All people spoken with told us they felt safe. All relatives we spoke with also told us their family members were safe when receiving care from staff. Comments included, "Oh, definitely safe", "Hundred percent safe" and "I can't praise them enough". Prior to the inspection we sent out a satisfaction questionnaire to people to seek their views on the service. All people who responded to us indicated they felt safe from harm or abuse.

People were cared for by staff that understood their roles and responsibilities in reducing risk of harm. The registered manager and staff had good understanding of the safeguarding procedures. Staff were able to describe the actions they would take if they suspected any sign of abuse. All staff said they would not hesitate to report any concerns to the registered manager and they were confident an appropriate action would be taken to address these.

People's individual care records contained information about the risks identified. For example, risks related to poor nutrition or mobility. One person had been assessed as needing a hoist for all transfers. Records showed a detailed assessment was in place. The assessment provided clear guidance for staff, including the colour of loops to be used when applying a sling. Additionally, the date when the equipment was last serviced and a serial number of the equipment were also noted. The assessment was written in conjunction with a professional assessment carried out by the occupational therapist. Another person had been assessed as needing an encouragement to maintain a good diet and this information was reflected in the person's nutritional assessment. Any risks related to people's environment were also assessed and recorded. This included information in relation to smoke alarms, fuse boxes, pets and other potential hazards.

People received their medicines safely and as prescribed. We reviewed medicine administration records (MAR) for two people and there were no missing signatures. One relative told us, "Medication is given on time and records of all the visits are left for my perusal". Another relative told us, "They always ensure [person] takes her medications". An external professional told us, "The feedback I have had has been uniformly excellent, e.g. carers have gone out of their way to liaise effectively with the surgery and pharmacy when patients with blister packs have required additional short term medication". The records confirmed the staff received medicines training.

People and their relatives told us the service had sufficient and consistent staff to meet their needs and they told us staff were always punctual. Comments included, "We see two regular staff, they stick to times" and "They are on time, never once let me down".

Records relating to the recruitment of the staff showed that relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identify if prospective staff were of good character and were suitable for their role.

The provider had systems in place for recording of accidents and incidents. We noted no accidents occurred in the last year. The log reflected three people had been involved in an incident and appropriate action was taken in the response to these. For example, one person sustained a fall. Staff assessed the person for any injuries and contacted a medical professional for further advice.

Is the service effective?

Our findings

People we spoke with told us staff had good skills and knowledge to care for them effectively. Comments included, "They are very good, we're very pleased" and "The staff are very good and efficient". One relative told us, "[Person] has received care from Homecomforts over the past three years and we have found the service exemplary". Another relative told us, "They all know what they are doing". Feedback received from an external health professional was also positive. They told us, "They offer an excellent service".

Staff had received training relevant to their roles such as manual handling, safeguarding awareness, health and safety, food hygiene and infection control. There were opportunities for staff to attend additional courses if they wanted to develop further. One member of staff told us, "I am interested in doing End of Life training and the manager is looking into this for me". The records confirmed the registered manager discussed training with staff to assess their understanding. This meant staff had an opportunity to reflect on their learning and personal development. For example, one member of staff described how following the training they had changed their working practices. They said they understood how to provide better support to one person, who was experiencing hallucinations.

Staff we spoke with told us they felt confident in their roles and had the skills to provide effective support for people. One member of staff told us, "I think the training we receive reflects well on what we have to do and we keep it (training) up to date". Another member of staff told us, "This is my first job in care and the training prepared me well for the role".

The registered manager ensured staff received one to one supervision. This gave the staff opportunity to discuss their performance and training needs. We viewed four staff files and we saw staff received supervision in line with the provider's policy. The registered manager also carried out regular spot checks to ensure work practices were closely monitored. Staff told us they were well supported. Comments included, "If we have any problems we can always speak to the manager" and "Really good support, can always speak to the manager, don't have to wait for one to one supervision".

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. The staff had received training and had a good knowledge of the main principles of the MCA. The registered manager was also aware of their responsibilities in relation to the Act. Staff told us how they put the principles of the Act into practice on a daily basis to help ensure people's rights were respected. One member of staff told us, "We assume people have capacity even if they may not be able to make a certain decision, then they need to be assessed on a basis of that decision". Wherever possible, people had been fully involved in the care planning process. People told us they were involved in making decisions and their consent to care was sought. One person told us, "They always ask, yes, they respect my wishes".

People were supported to maintain a healthy diet. Staff were aware of the importance of protecting people from risk of poor nutrition and dehydration. Staff were also aware of people's individual preferences and

their choices in relation to eating and drinking. One member of staff told us, "One person really liked their pies and we encourage them to eat more healthy food, now they are happy to order a variety of meals".

The service maintained good working relationships with local social and healthcare professionals. This ensured people received a coordinated service. People were supported to access health services if required. Records confirmed that professionals such as GPs, district nurses or occupational therapist were involved. Staff told us they would contact a professional when required. One member of staff said, "One client appeared to develop a urine infection, I contacted the manager and the person's family got in touch with their doctor and arranged some antibiotics to be prescribed. We collected them for the person the same evening so they could be started straight away". The feedback received from people's relatives reflected a high level of satisfaction in how their family members were supported with their healthcare needs. One relative told us, "All [person] medical needs are arranged by them and taken care of. We are certain without this help and care [person] health would not be to the level it is at the moment". The feedback received from an external health professional was positive. One health professional said, "Any advice we give, they always take on board, we work together for the clients".

Is the service caring?

Our findings

People described staff as having the most caring attitude. People told us staff treated them with compassion. One person told us, "Fantastic team, wonderful, always come with a smile". Another person said, "They are in the right job, if I said I had any concerns, they'd look up for more information and they would do it because they're interested".

Relatives of people were equally complimentary about the caring approach demonstrated by staff. Comments included, "My experiences of the team have always been outstanding. [Person] couldn't be happier, the ladies are kind and attentive" and "I am absolutely hooked on using them. They are thoroughly professional and in my opinion go above and beyond. Can't rate them highly enough". One person's relative added, "I cannot recommend them enough, and my family consider ourselves extremely lucky to have them caring for [person]".

People were supported by staff that had a caring approach to their work and were committed to providing high quality support. All staff we spoke with were enthusiastic and spoke positively about providing compassionate care. One member of staff told us, "Our clients are almost like a family, we know them so well". Another member of staff told us "Sometimes we are the only people that clients get to see in a day. It's very rewarding job".

The registered manager promoted a strong person centred approach which meant people were supported with what was important to them. The staff supported people in a way that people's general well-being was considered as a priority. For example, one person contacted the service and informed they were worried about their pet cat that went missing. One member of staff drove to the person's house and found their cat had been involved in an accident and died. The member of staff took care of the cat which reassured the person. Another person's budgie died and a member of staff assisted them to bury it. The registered manager told us they arranged for Pets at Therapy (PAT) dog and a pony to be taken to people who loved animals but were house bound and unable to pursue this independently.

People's cultural needs were recorded and respected. The registered manager organised for a Christmas tree to be displayed in the local church. They also sponsored the Christmas lights in a memory of a one person who passed away. The registered manager told us they purchased palm crosses for people who were not able to do so themselves. This meant people's spiritual needs were promoted and people were supported to overcome any obstacles caused by their limited independence or mobility.

People and their relatives were complimentary about the relationships they had with staff. One person told us, "If I need them all I need to do is just ring them, it's an extra peace of mind". Comments received from relatives included, "[Person] has always refused any help and wanted to be left alone to try and manage on her own accord. The manager and her staff have not only managed to break down those barriers but have gained my relative's trust", "Home comforts has been an essential lifeline for us in the care of [person]. I know that their care goes above and beyond their professional remit. They are genuinely interested in [person] and their welfare and have established a warm and caring relationship with them".

One of the external professionals commented, "I have been involved with a client who is now being supported by this agency, and I have been extremely impressed by their input. Within a very short amount of time they managed to build a fantastic relationship with the client. I have remarked on their professionalism and readiness to go the extra mile in the service of client welfare".

People told us they were encouraged to be as independent as possible. One person told us, "I had more support when I needed, now reduced. All I needed is to tell them, I was involved all the time". One relative told us, "Homecomforts built up a level of trust with my [person]. They know exactly how much assistance [person] will tolerate".

People's privacy and dignity were respected by the staff. People told us they received support in a dignified way. One person said, "Yes, standards are high". Comments received from relatives included, "All the staff have been courteous and have helped [person] retain his sense of dignity". People who used the service recognised the exceptional service provided by the provider and they nominated the registered manager for the Age UK Award. The registered manager won the award in 'Promoting Dignity in Care for Older People' a year and a half ago. The registered manager told us she was very touched as she did not know the people had nominated her.

The staff we spoke with were aware of the need to respect privacy when working in people's own houses. One member of staff told us, "We always pull shower curtains when we assist people with washing, it's the kind of thing you'd do for yourself if you were doing your own personal care and someone else was around". Another member of staff told us, "We need to consider we are in people's own homes, it's more personal to them".

Staff knew how to maintain people's confidentiality. People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. People confirmed staff respected their confidentiality. One person said, "They never speak of other people, never divulge anything".

On the day of our inspection none of the people received end of life care. The service worked well with other health professionals when people needed this support. The feedback received from the relatives of people who had been supported with end of life care was excellent. One family told us, "[Name] wish was to remain at home, if possible. However without the support of Homecomforts along the hospice staff and the GP, this would not have been possible. They were kind, compassionate and patient and everything revolved around the [person]. When [person] passed away the manager was one of the first people I turned to. I cannot thank them enough".

The feedback received from an external professional reflected the caring and compassionate approach demonstrated by the team. They told us, "I have always found the team to be very caring and professional and we have an excellent collaborative relationship. It is always reassuring to know that this company is providing care for our patients because I know they will be well looked after in the last days of their lives".

The caring nature of the service included the time when the person no longer received support from the team. The registered manager told us that after the person had passed away they made a note in the diary to contact the family. The person's relatives were contacted on the anniversary of people's birthdays and the anniversary of their death. The registered manager told us, "You get to know people, can't just cut them off". On the day of our visit the registered manager told us they were informed that a former service user had passed away. The person remained in a nursing home for the last year and they had no local family. The registered manager told us they were making arrangements to attend this person's funeral.

Is the service responsive?

Our findings

The registered manager ensured an assessment of people's needs was carried out before the commencement of care. The registered manager showed us a welcome pack used during the initial assessments. The file consisted of Service Users' Guide, information about confidentiality and safeguarding, consent forms and a contract. The registered manager told us how they explained the ethos of the service. They also ensured the care plans were in place before the support was delivered.

We viewed care files related to four individuals and these were up to date. People's care records contained their personal information, the details of support required as well as emergency personal and professional contacts. People and their relatives where appropriate were involved in evaluating the care plans.

The service responded well to people's changing needs. On the day of our inspection a member of staff brought a note from a relative of a person. They said they were going away and needed to increase a number of visits from once per week to one per day. The registered manager told us they were going to ensure the person received the support as requested. Another person recently returned from a respite stay and their visits had been increased to improve the person's confidence with mobilising. The person's condition was improving and the documentation was updated accordingly.

People told us they requested any changes relating to the support they received and that these would be respected. One person said, "If I want an early visit, for example if I go to church, they will come earlier". People's relatives also commented positively on how well the service responded to people's changing needs. One relative said, "I had an episode when [person] wasn't well and I rang them (staff) and they came within ten minutes". Another person's relative told us, "[Person] was being discharged from the hospital three days before Christmas, and nothing was too much trouble (for Homecomforts). They gave us peace of mind".

People's views were sought through an annual questionnaire. We saw last year's survey responses showed only positive comments were received. People were very positive about the service and comments such as 'extremely pleased' or 'cannot fault care' were recorded. The registered manager ensured they delivered care to every person on regular basis. This allowed them to ensure they were familiar with people's needs and gave them an opportunity to obtain feedback about the service. There were over ninety compliments received by the service in the last year.

People told us they knew how to raise concerns and complaints but they never needed to. One person said, "No complaints". One person's relative told us, "If I'm ever concerned, this would be minor and I would speak to staff. I never had to escalate to the manager". Another person's relative told us, "We've never had any worries".

We viewed the provider's complaints log and noted there were two complaints recorded in the last year, both related to issues not related to care, such as a light being left on in a person's house. Both were responded to promptly and in line with the provider's policy by the registered manager.

Is the service well-led?

Our findings

The registered manager led their staff by example and they placed people's wellbeing at the heart of the service. All people we spoke with consistently praised the registered manager. One person told us, "Wonderful, standards are high". Another person told us, "I would be happy to recommend them".

The feedback received from relatives was also positive. Comments included, "Homecomforts is a first class care company who we would highly recommend to anyone needing care" and "We owe them a big debt of gratitude. They have been most supportive and sensitive, and exceptionally generous, in all dealings with us". One external professional told us, "The manager has been prepared to attend to matters which I am confident many other would shy away from".

Staff complimented the registered manager and the support they received from them. Comments included, "We have staff meetings every couple of weeks but we speak pretty much every day", "We're a small team, we are all in contact, this is what makes us unique, you're a person here and just not a number, it's all very personal here". Staff meetings were well attended and issues such as training, development and any updates on current people's needs were discussed.

The registered manager told us, "The staff work with me, not for me, they are all very important to me". Staff commented they felt appreciated in their roles. One member of staff said, "We have never felt as we're 'only' carers". Staff were motivated and inspired to support people in a kind and compassionate manner.

The registered manager told us the ethos of the company was to 'follow people on their journey'. The service ensured each person was treated as an individual. The staff morale was high and the staff had a strong sense of belonging to the company. One member of staff said, "The company is amazing, we are like a family here".

There was a whistle blowing policy in place that was available to staff. Staff were aware of this and told us they would not hesitate to raise any issues. One member of staff said, "Whistle blowing is about making sure people are safe, I would go to the manager if had any concerns, but I also know we can go straight to social services, doctors or even the Police if needed". Another staff member said, "If I saw anything I would speak to the manager, Care Quality Commission (CQC) or the Police".

The registered manager had systems in place to ensure the quality of the service was being monitored. Regular audits of documentation including policies, care plans and training records were carried out. The registered manager ensured people had opportunities to express their views on a regular basis. People received quality questionnaires on an annual basis and were able to contact the office at any time. The registered manager encouraged people to attend 'Forget Me Knot' café held in the village. The events provided information and help with brain stimulation, general health and well-being. People had opportunities to meet with other people affected by any kind of memory impairments and find out more about dementia. This meant people were supported to be a part of the local community. People had opportunities to benefit from support in overcoming issues related to older age and isolation.

The service worked closely with other external professionals including local GPs, social workers and district nurses. The feedback received from external professionals was very good and included comments such as "The manager is very hands on with the running of the company and has recently been very helpful with one particularly complex patient" and "They offer an excellent service".