

Comficare Limited

# Comficare Ltd

## Inspection report

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30 September 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Comficare Limited is a domiciliary care service. At the time of inspection it provided personal care to 26 older people, some of whom had dementia or a physical disability.

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

People's capacity had not been assessed. Therefore, they were not always supported to have maximum control of their lives, in the least restrictive way, and in their best interests. People's needs were assessed, and they were involved in creating their own care plans. People were supported to maintain good health and access healthcare services when required.

The registered manager had daily oversight of the service but there were no robust quality assurance systems. People and their relatives told us the registered manager was approachable and responsive. People's views of the service were sought in annual surveys, during staff visits and in calls by the registered manager.

People's individual risks had not always been fully assessed. However, staff knew people well and understood risks associated with their care. Staff understood their responsibility to protect people from the risks of abuse and infection, and supported people to take their medicines safely. Staff were recruited safely and inducted.

People were treated equally and with dignity. Diversity, privacy and independence were respected.

People's care was personalised to meet their needs. People could access information in a format they were able to understand, and knew how to raise concerns with the service.

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

The last rating for this service was Good (published 12th October 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the need for consent and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of the need for consent and good governance. 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.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

# Comficare Ltd

## 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 15th September 2021 and ended on 30th September 2021. We visited the office location on 15th September 2021.

#### What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We reviewed information we had received about the service since the last inspection, such as notifications and information received from the

public. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager who is also the nominated individual. We reviewed a range of records including four staff files in relation to recruitment and three people's care plans/risk assessments.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of documents for example records relating to the management of the service including policies and procedures. We spoke with four people/families of people who use the service. We spoke with five staff including the registered manager and two supervisors. We heard from a professional who used to be involved in the service. Other professionals were contacted but did not respond.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff knew people well and understood the risks associated with their care which meant that risks were managed safely. If staff had any concerns they alerted the registered manager who responded quickly to manage the risk.
- Records relating to risk assessments needed to be improved as they did not always contain information about what the risks were or what staff should do if something went wrong. For example, there was no risk assessment in place for a person with a diagnosis of dementia who needed support with catheter care.
- Systems were effective in making sure changes to people's needs were shared on a day to day basis. This meant action was taken promptly to keep people safe, for example involving other agencies where required.
- Systems existed to mitigate risk should service provision be affected, for example in adverse weather conditions or in case of registered manager absence.

### Using medicines safely

- People were supported to take their medicines safely.
- People and policy were clear that staff could prompt people to take their medication if required.
- Medicine administration records (MAR) were completed in line with current guidance.

### Learning lessons when things go wrong

- The registered manager hadn't separately recorded incidents and accidents, and actions taken.
- However, they provided examples of having learned and improved the service in response to incidents and concerns. For example, when a staff member carried out a procedure in someone's home which wasn't safe the registered manager investigated the circumstances and supervised staff. They also visited the person to apologise and discuss what action should be taken.
- The registered manager told us they had "Learned they needed to be more prepared". They began supporting someone just before a bank holiday. The person didn't know how to access money or food and the registered manager hadn't made sure they had that information. Consequently, before beginning to support someone the registered manager ensures they have this information, and at the start of the pandemic the service encouraged people to make their own contingency plans.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- All staff received safeguarding training.
- Staff knew how to report anything that concerned them or they were unsure about.
- People and relatives told us they felt safe with staff. A relative told us, " At the moment I'm very happy with

them and I'm glad they're there I really am. You feel confident handing the reigns over to them."

- A social care professional told us they didn't have safeguarding concerns about Comficare Limited in the time they worked with them.

#### Staffing and recruitment

- Staff were recruited safely.
- For example, the registered manager carried out checks to make sure new staff were suitable to work at the service. This included looking at employment history, references and Disclosure and Barring Service checks (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people.
- People told us they received their agreed care visits.
- The registered manager told us staff had worked hard to support people during the pandemic and the service did not use agency staff. This meant people were supported by familiar staff who understood their care needs.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- For example, the training matrix showed all staff received infection prevention and control training.
- Staff were tested weekly for COVID-19 and the registered manager encouraged and supported staff to be vaccinated.
- Staff were provided with the recommended PPE and current COVID-19 guidance was provided by the registered manager. Staff saw this when they logged on at the start of their shift.
- Visitors to the office wore masks and observed social distancing.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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's capacity to make decisions was not assessed.
- When we asked if there were any mental capacity assessments for people using the service. The registered manager told us, "There probably should be but there aren't."
- This meant the rights of people who did not have capacity to make decisions for themselves weren't protected. For example, a person who had a diagnosis of dementia required support with catheter care. At night they managed the catheter themselves. At one point they developed skin damage because they didn't manage the catheter appropriately. However, there was no mental capacity assessment to establish whether the person had capacity to manage the catheter safely.
- Another person's food was locked away to prevent them eating. This happened prior to a medical appointment which required them to be nil by mouth. Additionally, the person's cooker and hob were turned off at the end of visits because it was considered too risky for the person to use them. However, there were no mental capacity assessments or recorded best interest decisions to establish that action was being taken in their best interests.
- Despite undergoing MCA training, staff did not always understand their role in relation to mental capacity. Two staff told us they would "overrule" someone's wishes if they didn't think they were making a good decision. For example, one person told us if someone had an injury but they didn't want staff to call an ambulance, "That would be an over-ruling situation" and they would call anyway. When asked what staff would do if the person had capacity to make that decision we were told, "Well you'd give them the option to

stay on the floor or for me to call an ambulance. Hopefully their understanding would be they didn't want to stay on the floor."

- Care plans referred to capacity in terms of whether or not a person could make short or long term decisions. This is not in line with the MCA which states that capacity is decision specific.

The provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On inspection the registered manager recognised they needed to improve in this area and took action to start the process.

- No-one using the service was subject to a Deprivation of Liberty Safeguards authorisation at the time of inspection.
- Despite a lack of understanding about capacity, there was evidence that staff worked in a supportive way. For example one person told us "I like to eat my main meal at lunchtime and she always makes sure I get what I want".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs and preferences were assessed.
- People's initial care plan was based on local authority documents and then adapted. Where such a plan didn't exist, the registered manager and supervisors worked with the person and/or families to create a plan to meet their needs and preferences. It included an assessment of the home environment.
- Care plans were adapted as staff got to know the person and the person wanted to add to or change their plan.

Staff support: induction, training, skills and experience

- The registered manager tried to ensure staff were trained and supported to provide a good quality service for people.
- For example, new staff completed a mandatory induction which included training in safeguarding, medication, and infection prevention and control. Extra training was undertaken when required to meet people's specific needs. For example, stoma care.
- New staff worked alongside supervisors for as long as necessary to ensure their practice was safe and in line with service values.
- Training was refreshed annually to ensure skills and knowledge remained current. This was largely on-line, with the exception of practical training such as moving and handling.
- People told us staff were kind, courteous and very professional. A relative told us "They make me feel confident and less anxious about what might have to be done".

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

- People were supported to eat and drink in line with their needs.
- Staff recorded if a person ate or drank during their visit.
- People's preferences and needs relating to food were in their care plans.
- Any health issues associated with weight or eating/drinking were forwarded to family and/or other relevant agencies.

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

- Staff told us they would contact people's families, GP, district nurses if people needed or wanted them to.

- The registered manager told us they advocated for people when talking to other agencies. For example, contacting the local authority safeguarding team to express concerns about a person, or when trying to get an increased package of care for someone who's support needs had increased.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were treated with care and respect and were supported by staff.
- For example, during the pandemic if someone's family was isolating due to COVID-19, staff ensured people had food and essentials. At the start of the pandemic the service provided people with appropriate hand soap.
- Staff had received equality and diversity training and the registered manager told us, "Everyone is treated the way they indicate to us they wish to be treated." The registered manager told us staff behaved in such a way that people trusted them. This meant they had been able to sensitively support a person to express their gender identity, providing help when it was needed.
- Care plans noted if the person or family had made a request for help with something and the registered manager told us so long as there was time during the visit they were happy to accommodate requests.

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

- Staff listened to what people said about their needs and preferences in relation to their care. Care plans were adapted as and when necessary in response.
- For example, one person told us "I requested that I only had a female carer for personal care and [registered manager] was very understanding, they have never sent a male carer." Another person told us, "Yes I am happy with everything they do and nothing is a trouble."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- For example, a relative told us, "They engage with her and talk to her like a person. [Person's name] is quite chatty and wants to know everything, they've got emotional intelligence, they're not cold shouldered or indifferent."
- A relative told us dignity and respect was, "Something I'm very aware of ....because she's my mum." They told us personal care wasn't discussed with them in front of [person's name], "They're quite discrete. I appreciate that from them."
- A relative told us "Staff encourage [them] to do as much as [they] can to help [themselves] even if it's just washing [their] own face."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; end of life care and support

- People's care was personalised in order to meet their individual needs and preferences.
- The initial care plan was amended in consultation with the person using the service and/or their relatives as the person's needs and preferences became more apparent.
- Care plans contained information about how people liked things to be done for them. For example, "[Person's name] likes to have an assortment of cakes and biscuits left on the trolley for eating whilst we aren't there."
- At the time of inspection no-one was receiving end of life care and support.

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.

- Information was made available for people in a way they could understand.
- For example, audio versions of a person's care plan had been provided in the past. The service also had facilities to make large print documents if required.

Improving care quality in response to complaints or concerns

- People we spoke to said they would feel happy raising a concern about anything they had a problem with and were confident the registered manager would listen and resolve the matter.
- For example, one person told us, "If I need to speak to anyone in the office they are really good and always seem to sort it for me."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, and risks and regulatory requirements

- The registered manager was not always clear about their responsibilities in overseeing the service and no audits had been completed.
- For example, the registered manager told us they looked at the electronic care recording system every day, which brought to their attention any issues identified by care staff or care tasks which had been missed. However, there was no formal system to analyse records to identify patterns and trends and drive improvements in the quality of care.
- The registered manager had not identified that risk assessments did not always contain the necessary information to manage risk.
- The registered manager had not identified staff were frequently not attending for the full length of their visits. The registered manager suggested either staff had forgotten to log in or the electronic system was faulty, but no action had been taken to rectify this.
- There were no audits of incidents or accidents, nor of complaints received by the service and associated outcomes. This meant there was no record of learning and action taken to prevent things going wrong again in the future.
- Some policies weren't in line with current guidance and didn't give staff clear guidance. For example, the Mental Capacity Act policy didn't tell staff what to do in relation to the MCA or why it was important in their daily work. Another example, one member of staff told us that if a person didn't take their medication, staff would "leave it in a cupboard" with a note for family. The medication policy didn't address safe disposal of medicines.
- Care plans and medicine administration records sheets weren't always up to date. For example, for one person both documents stated staff were supporting them to take a medicine at a different time than that for which it was prescribed. Although the registered manager told us relevant professionals had been consulted about it, neither document had been updated to reflect that new information.
- The registered manager told us they were trying to get funding for a bigger package of care for one person whose needs had increased. However, the care plan had not been changed to reflect the increase in support needs.
- Prior to the pandemic supervision with individual staff had taken place roughly every other month. Supervision is an opportunity for staff to meet with their line manager to review their practice and discuss any concerns. At the time of inspection, supervision had not occurred for 6 months. The registered manager told us "It's fallen by the wayside during the pandemic."

The failures to operate effective systems to ensure compliance with Regulations, and to effectively monitor the quality and safety of the service are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us there was a clear line of accountability. If they had concerns they would contact the on call supervisor or the registered manager who quickly responded and advised staff.

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

- People spoke highly of the quality of service they received.
- For example, one person told us, "They are friendly and I love to chat to them and no, I don't think anything can be improved." One relative wrote to the registered manager, "I would like to thank you and your staff for all the care you gave [person's name] over such a long period. I could not fault you...." Another relative told us "They're very easy going, you don't feel awkward about ringing up and changing something."
- People's views about the service were sought via an annual satisfaction survey, during staff visits, and in telephone calls from the registered manager.
- Staff told us, "There's nothing I'm unhappy about, because it's small it's personal, people know each other, if you have a problem, it's sorted out quickly. It's a good place to work even though it's quite stressful."

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; working in partnership with others

- CQC were notified by the manager in line with regulations.
- CQC's rating was displayed on the service website and in their office.
- The registered manager investigated concerns. The matter was also discussed with people and their families, and appropriate action taken. For example, in one case a staff member was dismissed.
- Staff gave examples of working in partnership with other organisations such as external healthcare agencies and the local authorities. For example, alerting the local authority safeguarding team to express concerns about someone they thought wasn't being kept safe, and trying to access an occupational therapy assessment for someone whose needs had changed.

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

- Telephone surveys took place quarterly to find out what people using the service thought about the care they received. Written surveys were completed annually.
- Although the results were collated there was no indication of what action was taken in response to people's feedback. For example, one person stated, "The care and help I receive from Comficare staff is usually good, only one or two try to rush me but I tell them not to rush me as I cannot due to my disability and not always feeling 100%." There was no information about this issue being followed up with staff.
- One person told us, "[Registered manager] rang last week to ask me some questions about how happy I was with my care. I told her the truth and said it was great and I had no problems at all."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always delivered in line with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance The provider failed to operate effective systems to ensure compliance with Regulations.</p> <p>The provider failed to effectively monitor the quality and safety of the service.</p> <p>Regulation 17 (2)(a)(b)</p>