

Comfort Care (Truro) Limited

Comfort Care (Truro) Ltd

Inspection report

3 Quay Mews
Truro
Cornwall
TR1 2UL

Tel: 01872272577

Date of inspection visit:
06 September 2016
07 September 2016

Date of publication:
07 October 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 carried out this announced inspection on 6 and 7 September 2016, 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in October 2013; we had no concerns at that time.

Comfort Care (Truro) Ltd is a domiciliary care agency that provides care and support to adults, of all ages, in their own homes. The service provides help to people with physical disabilities and dementia care needs in Truro and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 20 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding.

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, families and health and social care professionals told us they felt the service was safe. Comments included, "They are good. We have nothing but praise for them" and "Nothing is too much trouble". However, we found that needs assessments completed by the service had not consistently identified or risk assessed particular risks to people's welfare. In particular this was identified regarding a person's medication administration. The service had not provided written guidance for staff about how to manage risk in relation to supporting a person with complex care needs. This meant there was a lack of knowledge about how best staff could mitigate the risk to the person.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "The staff are lovely. I'm more than happy with them" and, "Nothing is too much trouble for them."

People told us they normally had a team of regular, reliable staff, and they knew the approximate times of their visits and were kept informed of any changes. Wherever possible the service had worked to find suitable and agreed times for people. No one reported ever having had any missed visits. People told us, "We usually know which staff will be coming to us. If there are any changes the office rings to let us know," and "I have regular carers."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. Regular reviews of care plans took place. Changes in people's needs were communicated to staff in daily records and directly to staff by the registered manager.

Staff were recruited safely, which meant checks had been made to ensure they were suitable to work with vulnerable people. New staff received an induction, which incorporated the care certificate. Staff received appropriate training and supervision. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make particular decisions for themselves, had their legal rights protected. However, we found one instance where the service had not ensured the correct procedures for assessing a person's capacity had been followed. Following the inspection the service took immediate action to remedy this.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and nominated individual were also passionate about their roles and were clearly committed to providing a good service for people. Staff told us, "It's quite a small company and everyone looks out for each other"; "I love my job" and "There is a genuine desire to do the best for the people we support."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

There was a complaints procedure in place and the provider had responded appropriately to complaints.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not entirely safe. Risk assessments had not assessed people's mental capacity to safely manage self-administration of medicines.

People, relatives and health and social care professionals felt the service provision was safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Is the service effective?

Good 

The service was effective. Management had an understanding of the Mental Capacity Act 2005.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were appropriately supported with a supervision and annual appraisal process.

Is the service caring?

Good 

The service was caring. People who used the service, relatives and health and social care professionals were positive about the service provided and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes. □

Is the service responsive?

Good 

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if

they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.□

Is the service well-led?

Good ●

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.□

Comfort Care (Truro) 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 checked 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.

The announced inspection took place on 6 and 7 September 2016. The inspection was carried out by one adult social care inspector. We told the service two days before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (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.

Prior to the inspection we spoke with one health and social care professional and six people who used the service and two relatives. During the inspection we went to the service's office and spoke with the registered manager, the nominated individual and one care worker. We visited two people in their own homes. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service. Following the inspection we spoke with two care workers.

Is the service safe?

Our findings

People who used the service, families and health and social care professionals told us they felt the service was safe. Comments included, "They are good. We have nothing but praise for them" and "Nothing is too much trouble". However, we found that risk assessments completed by the service had not consistently identified risks.

The provider had not identified risk associated with a person's capacity to safely manage self-administration of medicines. There was a lack of written guidance for staff about how to manage risk when supporting a person with complex care needs. Care plans did not provide guidance to staff about the drugs the person was taking and medicines were taken out of boxes and put into glass containers without any guidance for the person or staff about how to safely administer the medicines. This meant staff could not be confident the person was safe because they did not know what medicine or the prescribed dosage that was being taken.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a medicine policy which gave staff instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

There were enough staff employed by the service to cover the visits and keep people safe. Staffing levels were determined by the number of people who used the service and their assessed level of needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

A staff rota was produced to record details of the agreed times of people's visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. People said the staff team who supported them were usually consistent and that they knew the times of their visits.

Wherever possible the service had worked to find suitable and agreed times for people. No one we spoke with reported ever having had any missed visits.

A member of the management team was on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

The service provided people with information packs containing details of their agreed care and telephone

numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff had received training in safeguarding adults, and were aware of the service's safeguarding and whistle blowing policies. Staff told us they felt confident any concerns they raised with managers would be appropriately addressed. A summary of the service's safeguarding policy and the local reporting arrangements were available to staff.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "The staff are lovely" and, "We are very happy with Comfort Care."

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. We checked whether the service was working within the principles of the MCA.

Management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make particular decisions for themselves, had their legal rights protected. We found the service had not ensured the correct procedure for assessing a person's capacity had been followed in one circumstance. However, this was isolated incident and in all other instances management displayed an understanding of the principles of the legislation.

Following the inspection CQC received assurances that the service had taken appropriate action to inform multi-disciplinary professionals of the need for additional assessment and support for a person supported by Comfort Care (Truro) Ltd.

Staff completed an induction when they began their employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work with people unsupported.

Management met with staff every month for either an office based one-to-one supervision or an observation of their working practices. Staff told us they felt supported by the registered manager. They confirmed supervisions had been completed regularly to check their working practices. Staff said there were staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff had a yearly appraisal. This meant staff had a formalised opportunity to discuss their performance and identify any further training they required.

There was a training programme to make sure staff received regular training updates. Staff told us there were good opportunities for on-going training and for additional training in specialist areas such as dementia care. Staff training was recorded and monitored by the registered manager.

Care plans recorded the times and duration of people's visits. People told us they had agreed to the times of

their visits. They also told us staff always stayed the full time of their agreed visits. One person said, "They stay as long as they should and they take time. They stay until they have done everything I need."

We observed that staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. People confirmed staff asked for their agreement before they provided care and respected their wishes if they declined care. Care records did not consistently demonstrate that people, or their advocates had formally consented to their care as planned.

Comfort Care worked with healthcare services to ensure people's health care needs were met. For example, the agency regularly coordinated their visits for people with visits by district nurses in order to help with the treatment plan for the person. The service supported people to access services from a variety of healthcare professionals including GPs and occupational therapists when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

People's dietary requirements were recorded in their care plans as well as any support they needed with their fluid intake. Staff had received training in food safety, and were aware of safe food handling practices. We saw staff ensured people had a jug of fresh water available to them before they left each call.

Is the service caring?

Our findings

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "Staff are polite and respectful" ; "They will do anything you ask," and "Staff are brilliant with [relative]. I am able to relax knowing [relative] is being looked in on".

People received care, as much as possible, from the same care worker or team of care workers. All of the people we spoke with said they were happy with the care and support they received, and that their staff respected their dignity and privacy. Comments included, "They [staff] are really lovely, very kind. They know exactly what I need and I look forward to their visits."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's needs. Staff were friendly, patient and discreet. People told us staff did not rush them and always stayed longer than the booked visit if they needed extra time.

Some people who used the service lived with a relative, who was their unpaid carer. Relatives we spoke with said staff were respectful of their role as the main carer and told us staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "They listen to what we need as a couple even though they only care for one of us. I like that they respect our home."

Staff were clearly very fond of the people they supported and had a good understanding of their likes, dislikes and interests. For example, we heard staff discussing the recent television sports coverage with one person who had an interest in this.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach at the end of each care visit. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Is the service responsive?

Our findings

Each person who received care from the service had a completed needs assessment. This enabled the service to consider whether they were able to meet the person's needs and draw up a suitable care plan to direct staff about how to meet each person's needs. People told us they themselves or a close family member had been involved in putting their care plan together and the plans reflected their wishes.

Care plans contained enough information to allow staff to understand the specific care and support each person needed. One person's needs had changed because of their increasing frailty and an additional daily call had been added. This was not reflected in the person's care plan. Management acknowledged that a new assessment of this person's care and support needs was required.

Regular reviews of care plans took place. Changes in people's needs were communicated to staff in daily records and directly to staff by the registered manager. This meant staff could update themselves on the previous visit and ensure continuity of care for each person the service supported. These records were returned to the office at regular intervals where they were checked by a manager and any updates to the care plan were made.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, during the weekend prior to our inspection the registered manager had responded personally to one person's need for additional care for a person after being made aware of deterioration in the person by the district nursing team.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People told us they knew about their care plans and a manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Everyone we spoke with said they would not hesitate to speak with staff and management if they had any concerns. A survey of people's feedback on the service performance had recently been completed. People told us they were aware of the process for making a formal complaint but had rarely needed to do so. Comments from people who used the service included, "I tell them if there's anything I'm not happy about."

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager worked closely with the nominated individual who was also the co-owner of the business and both had overall responsibility for the running of service. They were supported by a team of nine carers.

People and relatives all described the management of the service as open and approachable. Comments from people included, "The service is well managed" and "I have every confidence in them."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from managers via phone calls, texts, e-mails and face to face individual and group meetings. Staff were complimentary about the management team and how they were supported to carry out their work.

The registered manager and nominated individual were also positive about their roles and were clearly committed to providing a good service for people. Comments from staff included, "I think it's a very good company to work for. They are very good with staff and the number one aim is to put people's needs first."

There were effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the registered manager had a good knowledge of what capacity the service had and how the service was performing.

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. A care co-ordinator worked alongside the registered manager and staff to monitor practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

People and their families told us management checked regularly to ask about their views of the service and review the care and support provided. The service also gave people and their families annual questionnaires to complete. Comments from the most recent survey were positive about all aspects of the service including management.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed the risks to the health and safety of service users regarding self-administration of medications.</p>