

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 27 November 2018 and the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Chinnor and the local surrounding areas. It provides a service to a range of people including, older adults some living with dementia, disabilities and sensory impairments. Not everyone using Homecomforts receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. On the day of the inspection the service was supporting 25 people.

The manager was the provider and registered as an individual and therefore, was not required to register as the manager.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. People told us they felt safe receiving care from Homecomforts. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns to the manager or outside agencies.

Medicines were managed safely and people received their medicines as prescribed. There were sufficient staff deployed who had the skills and knowledge to ensure people's needs were met. The provider had safe recruitment processes in place, these included completing checks to make sure new staff were safe to work with adults at risk.

People benefited from caring staff who showed kindness and compassion. Staff treated people with dignity and respect.

People and their relatives were involved in their care and supported to remain independent.

Feedback on the service from health and social care professionals was positive. People were supported to maintain good health and were accompanied to appointments as and when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service continued to be responsive. People received personalised care by staff who understood people's

individual preferences. The service was flexible and supported people to attend social events and prevent social isolation.

There was a complaints policy and process in place and people regularly saw the manager so they could raise any issues with them.

The service continued to be well led. The service had systems to assess the quality of care the service provided. Learning was identified and action taken to make improvements which improved the service that people received.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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, 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 27 November 2018 and was announced. We gave the service three working day's notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the manager could contact people to inform them that they might receive a telephone call from us asking them for their views on the service.

The inspection team consisted of one inspector. An Expert by Experience spoke on the telephone ten people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. 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 the information we held about the service, which included notifications about important events which the service is required to send us by law.

During the inspection we spoke with the manager and a care worker. We looked at two people's care records and one person's medicine administration records (MAR).

We reviewed a range of records relating to the management of the service. These included two staff files, quality assurance audits, complaints and compliments. We also received feedback via email from five relatives, five care workers and six health and social care professionals. Two relatives had also completed a 'Share your experience' online form via the Care Quality Commission (CQC) website in 2018. This is where people can provide CQC with their views on a registered service.

Is the service safe?

Our findings

At the last inspection on 5 May 2016 the service was rated Good in safe. At our inspection on 27 November 2018 we found people continued to be supported by a safe service.

Medicines were managed safely and staff received training on this subject. A relative told us, "The team handle [person using the service] medicines daily from his daily dosette boxes and notice and query when there are discrepancies." We checked one person's medicine administration record (MAR). For the one month we viewed all had been signed for, except for one day which shortly after the inspection the manager explained there had been no visit to the person.

People told us they felt safe. Relatives also told us their family members were safe when receiving care from staff. People told us, "I have no fears what so ever." There had been no safeguarding concerns and the manager was aware of reporting any concerns to the Care Quality Commission (CQC). Staff knew how to report any concerns and had received training on safeguarding. Comments included, "If I thought a service user was being abused. I would listen to them and contact my manager straight away. I would always reassure the service user that they are being listened to and we are always here to help" and "If I had any concerns I would speak in confidence to my manager and I am aware I can contact social services or our local safeguarding hub in Oxford."

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and there were guidelines in place to minimise the risk. For example, moving and handling risk assessments were in place. These outlined the support the person needed and if equipment was to be used to aid them, for example using a walking frame.

Staffing rotas confirmed there were sufficient staff in the team to visit people. People told us there was good continuity and they usually had the same member of staff visit them. Feedback from staff included, "We have a weekly rota and work with the same clients so we get to know their needs and preferences" and "Rotas are usually planned for the coming month. These are always distributed and discussed with staff. Any changes to these are communicated clearly with all staff."

The manager confirmed there had been no missed calls to people and only one late visit and we saw evidence that the person was contacted so they were aware of the delay. One person told us, "They [staff] always come when they say they are going to."

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with adults at risk. The manager had not kept the questions and answers from staff interviews on file. They confirmed they would ensure this information was available with any new staff recruited to the team.

People were protected from the risk of infection. Staff used personal protective equipment (PPE) to minimise the risk of cross infection and we saw a staff member visit the service to pick up PPE.

There were systems in place to ensure accidents and incidents were recorded and reported. There had only been incidents relating to two people and two staff in 2018. The systems enabled the provider to monitor for trends and themes and take action, if necessary, to reduce the risk of a reoccurrence.

Is the service effective?

Our findings

The service continued to be rated Good in effective. People continued to be assessed prior to receiving a service to ensure the staff team could meet their needs. People and relatives said they were involved in the agreement of the type of support they needed.

People were supported by staff who had the skills and knowledge to meet their needs. New staff were supported to complete an induction programme before working on their own. They were encouraged to complete the Care Certificate if they were new to care. This is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff knew people well and many staff had worked for several years with people. Staff had accessed training to enable them to understand how to support people. For example they received training on, Percutaneous endoscopic gastrostomy (PEG), which is where a person is unable to take orally food or medicines, dementia, end of life and diabetes. Staff told us they felt supported. Comments included, "I feel the training has helped me gain more experience and has helped me gain more confidence" and "All training covered areas I need to know." Staff were also supported to complete a nationally recognised qualification in health and social care.

Staff had regular meetings with the manager to ensure they were happy in their work and had no concerns about the people they supported. One staff member said "We have staff meetings and 1-2-1 supervision. I am able to contribute and know that they [manager] are there when I need them." A second staff member said, "The manager communicates any changes and staff are encouraged to communicate with each other."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff understood how to support people in line with the Act. Staff told us they helped people make their own daily decisions, for example, what to eat and what to wear.

People's nutritional and hydration needs continued to be met. Most people required little help in these areas, but staff knew people's preferences and noted the meals they had given people. A member of staff said, "I always ask if they would like any snacks left for them and extra fluids through out the day until the next call." A healthcare professional told us the service was particularly good at paying attention in providing appropriate fluids and diet for people who needed this level of support.

People were supported to maintain good health. Various professionals were supporting people and the staff team worked alongside them. The service was flexible enough to ensure people attended hospital appointments when required.

Is the service caring?

Our findings

People continued to be supported by a service that was caring. People and relatives were complimentary about the caring nature of staff. One person said, "I'm very happy, nice people [staff team] and very helpful." A second person told us, "They [staff] brighten my day." A relative commented, "All the people I deal with are competent, caring and reliable." Feedback from health and social care professionals was positive. One told us, "I would have no hesitation in using this agency."

People and relatives were involved in decisions about people's care and the support they required to meet their needs. One person confirmed they were a part of any decisions made about the support they received. A healthcare professional gave us an example of where the manager worked hard to represent the views of a person and their relative. They commented, "She [manager] always remained very person centred. I was most impressed when she was not prepared to follow the professionals view, but spoke as an advocate for the person and [relative]."

People and staff had developed trusting and caring relationships. One person said, "Yes I am very happy, nice people and basically they are not just carers they are my friends, I would be lost without them [staff]."

Staff were respectful when supporting people and one person told us, "They [staff] talk to me appropriately." A relative commented on the way the manager had taken the time to get to know the person, who had not wanted previous care staff to help them. They said, "[The manager] took the time to develop a care routine with [person using the service] that enabled them to continue living in her own home."

Staff were given enough time to carry out not only the agreed planned tasks, but to also spend time talking with people. One person confirmed staff had time for a chat and that care was person centred. A second person said, "They [staff] look after me well."

People were supported to be as independent as they could be. Comments from people included, "Staff help maintain my independence it used to take me an hour to wash. I have got a life now and I can cope with daily living as my functioning has improved" and "Because the care workers support me in getting up, dressed and showered, I can get on with enjoying the day."

The manager and staff team went the extra mile in ensuring people were provided for. At Christmas the manager writes to people to see if they need a dinner that day and then arranges to give people a Christmas dinner via a local pub. The manager told us, sometimes they stayed with people whilst they had their dinner, to ensure they were alright. This demonstrated that the culture of the service was one of being caring and considerate, not just when carrying out the planned visits to people.

Is the service responsive?

Our findings

People continued to be supported by a service that was responsive. People received a responsive and reliable service, which aimed to offer support as and when people needed it. Although there were set times for visits, both people and their relatives spoke of the staff team being accommodating to the needs of the person. This might be if a person has a short notice appointment and staff need to go with them, or where due to relatives not being able to visit, then the staff team step in to make sure the person's needs are met.

People had care plans outlining the tasks staff needed to complete to meet the person's needs. For one person we saw the care plan did not give the staff member specific details on if the person could do anything for themselves or particular preferences they might have. We discussed this with the manager who confirmed they would review the content and ensure these were written in a more detailed and person-centred way.

One person used communication through a computer programme known as 'eye gaze'. This was their only form of communicating with the staff team and a staff member said often the person had queries or questions all ready for them as soon as they arrived for the visit. The person was able to understand staff and used this form of technology to express themselves.

Another person felt less anxious if they knew which member of staff was visiting them each time and the staff team recognised how to successfully support the person to continue living with their family. They had a calendar and responded well by visually seeing and knowing who would be visiting them. A healthcare professional told us "[Manager] and her staff present as a caring and generous group of support workers that play a significant role in the well-being of [person using the service] and her family, without whom they would be at risk of breakdown in the community."

People's lives were enhanced by receiving support from staff at Homecomforts. A healthcare professional gave us an example of where a person was isolating themselves at home and consistently declined to attend any medical appointments. After much input over several months from Homecomforts staff the person has taken small steps to attend medical appointments and access their local community. For example, the local pub and there are hopes to further enrich their quality of life. The healthcare professional told us, "They [staff] provide constant positive feedback and enable the client to engage in different activities."

Although there was no-one currently receiving support with end of life care. Feedback we received from relatives and health and social care professionals demonstrated that the manager and staff team were responsive and caring during people's last stage of life. A relative gave feedback using the Care Quality Commission website and noted, "[Name of manager] and her team are outstanding care givers. They looked after [person] in the later stages of her life and the care they offer is extremely professional, very friendly, caring and hugely knowledgeable."

A health care professional working for a hospice service spoke highly of the staff team when assisting people at the end of their lives. They said, "She [staff member] was professional throughout and showed great

empathy to the family." They went on to say, "Were it not for their high quality care and flexibility, it would have been very difficult to care for both of these patients at home."

Complaints records showed there had been no complaints made since the last inspection. People confirmed they had a phone number to ring the office, they did not have to wait for an answer and staff were pleasant and obliging. Relatives confirmed they had no complaints. One relative said what was important was that the staff "Listen to my concerns." A second relative confirmed that anytime they contacted the manager, they received a reply in a "Timely manner."

Is the service well-led?

Our findings

People continued to be supported by a service that was well led. One person told us, "You only have to ask and they [manager] respond."

Staff commented positively on the running of the service and the support they received. They told us, "My manager listens to our opinions or concerns and gives us the advice we need and I always feel I can contribute my views," "I am fully supported by my manager" and "I feel that Homecomforts excels as it is a small company, ensuring that all clients are given the absolute best care possible."

The manager encouraged open communication among the staff team. Staff confirmed, "We have staff meetings and all members of staff are actively encouraged to contribute views" and "Our views are heard and valued." A healthcare professional commented, "[Manager] is open to ideas and suggestions, values input and support from external agencies and is willing to learn and develop herself and invest in her staff."

The manager confirmed they wanted to continue offering a quality service and to not be too large. This enabled them to manage the service and to visit the people using the service on a regular basis. They had managed and owned the service for many years and knew the local community and surrounding areas well. They were well known in the community and they received new work via recommendations from people who had or were using the service.

There were a range of audits in place that monitored the service and identified areas of improvement. These included monthly audits of medicines, care records, and regular spot check visits on the staff working in the community. The manager had a spreadsheet to record when people's reviews were due, checks on staff and their supervision meetings. This ensured these were up to date and that the service carried out the necessary checks in a timely way.

To ensure the service was meeting people's needs the manager carried out satisfaction surveys. An analysis of the feedback from 2018 showed people were very happy with the service. One commented, "Total reliability and excellent care." The manager told us that they were out every day to meet staff or to visit people in the community to ensure everything was working well and no-one had any problems.

People benefitted from receiving good quality care as the manager and staff team worked in partnership with community professionals. A GP confirmed, "They [staff] are good at identifying concerns that need our input and communicate well with the surgery." A second healthcare professional commented, "The staff are very proactive with contacting myself or a member of my team with any concerns they had about a patient's health or change in care." A third healthcare professional said the manager and staff team worked closely with them to, "Share ideas, reflect on experiences together, evaluate current input and also share goals."