Care Quality Commission

Comfortcare Partnership

Comfortcare

Inspection report

Suite1, Rochester House
275 Baddow Road
Chelmsford
Essex
CM2 7QA
Tel: 01245 690100

Date of inspection visit: 27 February 2015
Date of publication: 03/06/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Comfortcare provides personal care and support to people living in their own homes. When we inspected on 27 February 2015 there were two people using the domiciliary care service within the Essex area where the agency is based and two people from Cardiff, Wales where the provider is developing the business and had recently started delivering care.

This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

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.

At our last inspection on 30 May 2014, we asked the provider to take action to make improvements in care and welfare of people who used the service, safeguarding people who used services from abuse, staff recruitment,

Summary of findings

training and supervision and assessing and monitoring the quality of the service provision. The provider submitted an action plan and met with us to tell us how they planned to implement improvements. During this inspection we looked to see if the previous shortfalls identified had been addressed. We found that some progress had been made to address our concerns but further improvements were needed.

People and relatives were happy with the service provided and said the agency met their needs.

Systems were in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

Although individual risk assessments had been implemented for people. Information on how to minimise identified risks and to support people safely was basic and inconsistent.

Appropriate checks on care workers were carried out with sufficient numbers employed to meet people's care needs.

Although progress had been made to support care workers, further improvements were needed to provide them with the knowledge and skills to carry out their roles and responsibilities in line with best practice.

Where people required assistance to take their medicines appropriate arrangements were in place.

People had developed good relationships with their regular care workers. They felt they were treated with respect.

People were supported to eat and drink according to their plan of care

People and their relatives, where appropriate, were involved in making decisions about their care and support. Systems were in place for care workers to contact health and social care professionals if they had identified concerns in people's wellbeing.

While a complaints procedure was in place. It was not clear how people's feedback, concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The manager was unable to demonstrate an understanding of the importance of robust quality assurance systems and consequently the arrangements in place were not effective. Systems to monitor the quality and safety of the service did not identify shortfalls and reflect learning from events or actions taken to improve the service.

Governance arrangements were not robust. Information requested was not always accessible, accurate and received in a timely manner.

We found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 10. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

People's risk assessments were not consistently detailed to provide care workers with the information they needed to keep people safe.

Suitable arrangements were in place to ensure people received their prescribed medicines.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Further improvements were needed to provide care workers with the knowledge and skills to carry out their roles and responsibilities in line with best practice.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were supported to eat and drink according to their plan of care.

Requires Improvement

Is the service caring?
The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was not always responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

Systems did not show how people's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Governance systems were not robust. Information requested was not always accurate, accessible and received in a timely manner.

Systems in place to monitor the quality and safety of the service provided did not reflect learning from events or actions taken to improve the service.

Requires Improvement

Comfortcare

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 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one inspector.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with two people who used the service and two relatives on the telephone. We also spoke with two health and social care professionals about their views of the care provided.

We looked at records in relation to three people's care. We spoke with the registered manager, a member of the office staff and four care workers. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Our previous inspection of 30 May 2014 found that safeguarding systems and staff recruitment procedures were not robust and risks to people's welfare were not always fully assessed. The provider wrote to us and told us about how they had addressed this. Whilst we found that some progress had been made to address our concerns further improvements were required.

For example, systems were in place to reduce the risk of harm and potential abuse to people. Care workers knew how to recognise and report any suspicions of abuse. They had received safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Care workers were able to identify the different types of abuse and explained the procedures to follow if they witnessed or had an allegation of abuse reported to them. This included contacting the manager or in their absence raising a safeguarding with the local authority and notifying CQC.

Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. The manager told us that applicants attended an interview to assess their suitability. However records seen did not reflect the decision making process made by the manager during the interview and dates when the interviews were carried out. The care worker personnel files seen were disorganised and information was not always accessible. The manager advised us they would improve the filing arrangements in place.

Since our last inspection the manager had implemented reviews of people's care plans and risk assessments. These were undertaken where appropriate with people and their representatives to ensure that they were up to date and reflected people's needs. We found that people's care records included individual risk assessments to provide information for care workers on how these risks were minimised. These included specific risk assessments associated with moving and handling, falls, medicines administration and the safety in people's homes. However the assessments contained basic information which did not always provide care workers with relevant guidance about how people should be assisted safely. For example, one risk assessment described how a person with limited mobility was at risk of falls. The accompanying information did not detail how tasks should be carried out to prevent risk of injury to the person and care worker/s. Further improvements were needed to ensure assessments provided essential information to care workers to support people safely.

People we spoke with confirmed they felt safe in the presence of their care workers. One person said, "I trust them and feel safe around them." People told us that the care workers wore their uniforms and identification badges so they recognised that the people arriving to their home were representatives of the service. They also told us that the care workers secured their homes when they left, which made them feel safe and secure.

People and relatives we spoke with told us that there had been no instances of missed visits within the last five months. Records seen confirmed this. This showed that systems were in place to coordinate people's care to meet their needs with sufficient numbers of care workers. One relative said, "Things have greatly improved since last year. There have been no missed visits and if [care worker] is running late, they or the office ring to let us know. Communication has become much better."

There were suitable systems to provide people with their medicines as prescribed and intended. This included care workers trained and updated in administering medicines. Care workers told us that the manager had assessed their competency when they started work and carried out spot checks to check their ability. They told us they knew how to administer medicines safely and what they would do if someone refused their medicines. Such as record this on the person's medication chart and report it to the office for advice on what action to take for example, contacting the person's doctor to ensure the person was not at risk by not taking their medicines.

Medication records seen were individual to the person and reflected the items which were still being currently prescribed and administered. They were completed appropriately providing guidance for care workers on how to give people their medicines safely. Since our last inspection the manager had implemented monthly medication audits and fed back on actions arising. This included encouraging staff to keep up the good work when medication records had been completed correctly to maintain consistency.

<Summary here>

Requires Improvement

Is the service effective?

Our findings

Our previous inspection of 30 May 2014 found shortfalls in the care and welfare of people and training and supervision of care workers. The provider wrote to us and told us about how they had addressed this. Whilst we found that some progress had been made to address our concerns further improvements were required.

For example, formal systems had been implemented to coordinate people's care. This included implementing monthly rotas', so people knew in advance which care worker/s would be visiting and providing them with regular care workers to ensure consistent delivery of care. The rotas were sent to people who used the service and care workers. People and the relatives we spoke with told us that they had not had any and missed visits, their care worker was usually on time the office staff informed them of changes and cover arrangements when their regular care workers were on holiday or sick. One person said, "I know who to expect and when they will be here. If my carer is late the office ring to let me know." A relative told us, "Before there was a lot of swapping with different people coming and confusion over the expected times. Now we have a consistent and experienced care team who know what they are doing."

People told us they had been consulted about their care and treatment and they had consented to this. They told us the care workers sought their permission and checked they were happy with the care delivered. One person said, "As soon as they [care workers] come, they check with me first before they start to do anything and see what I need." One relative told us, "The carers explain what they are going to do, talk to [person] and make sure they are happy." Care workers were able to explain about consent and told us people were able to refuse care and treatment and they had to respect this. However they confirmed they would report concerns to the office if there was a risk to the person. Improvements had been made to people's records and now included their capacity to make decisions and they had signed their records to show that they had consented to their planned care. Where people did not have capacity there was guidance on how decisions were made in people's best interests.

People and the relatives we spoke with told us that they felt that the care workers had the skills and knowledge they needed to meet people's needs. One person commented, "They know what they are doing." A relative told us, "Things have settled down; we have regular carers now. It is more consistent. A lot [care workers] left last year and new people came. The carers we have in place are competent, well trained and kind."

Care workers told us that they were provided with the training that they needed to meet people's needs. This included an induction which consisted of formal training and working alongside more experienced colleagues before they started working on their own. Additional training was provided and was a mixture of on line learning and practical assessments. Whilst some progress had been made to provide a structure for new care workers when they started working at the service, the induction did not cover all the aspects required for what care workers needed when they started working with people to ensure effective care. The manager advised us that they had acknowledged this and had planned additional training in dementia and Mental Capacity Act (MCA) 2005. To ensure care workers have the right skills and values to deliver quality care, further improvements are required to embed best practice into systems that support workforce learning and development.

Care workers were provided with guidance in their employee handbook. The handbook provided care workers with information about their roles and responsibilities, code of conduct, safeguarding, what they should do in an emergency and the provider's policies and procedures.

Care workers told us that they felt supported by the manager and were provided with one to one supervision and team meetings. This was confirmed in records which showed that care workers were given the opportunity to discuss the way that they were working, talk through any issues and to receive feedback about their work practice.

People's nutritional needs were assessed and if they needed support with food this was recorded in their care plan. People we spoke with told us they did not require support with meals and much of the food preparation required staff to re-heat food and ensure that it was accessible to them. One person said, "My carers get everything ready and make sure my drinks are in reach." Care workers had received training in food hygiene and were aware of safe food handling practices. People's care records identified their requirements regarding their

Requires Improvement

Is the service effective?

nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of not eating or drinking enough. This included reporting concerns to the office.

People were supported to maintain good health and had access to healthcare services. For example, people's care records included the contact details of their doctor so care workers could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called their relative or emergency services to support their health needs.

Good

Is the service caring?

Our findings

People told us that their care workers treated them with respect and kindness. One person said, “They are marvellous, very polite and kind.” A relative told us, “They are kind, attentive and caring but professional with it.”

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. They described how they ensured people’s dignity was maintained whilst delivering personal care. For example, using towels to cover people up and ensuring curtains and doors were closed to maintain people’s privacy.

People told us that the care workers listened to what they said and acted accordingly. One person said, “My carer just asks me what I want them to do and gets on with it.” Another person told us, “They do all I ask and even check if I need anything else doing.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments about their care and treatment were listened to and respected.

Care workers knew about people’s individual needs and preferences and spoke about people in a kind and compassionate way. People’s care records provided guidance to care workers on people’s preferences regarding how their care was delivered. This included information about people, their history and experiences, such as their preferred form of address, their hobbies and interests. This provided care workers with information about the individual and topics they could talk about when providing care.

People told us that the care workers promoted and respected their independence. One person said, “They encourage me to try and see If I can do something myself. Sometimes I can sometimes they have to step in. I like that they check first.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Requires Improvement

Is the service responsive?

Our findings

Our previous inspection of 30 May 2014 found shortfalls in the assessing and monitoring the quality of the service provision including taking account of people's feedback. The provider wrote to us and told us about how they had addressed this. Whilst we found that some progress had been made to address our concerns further improvements were required.

For example, although the provider had implemented a complaints procedure the system was not robust. Records seen showed that whilst no complaints had been received the arrangements in place did not take account of people's concerns and comments and how these were acted on to prevent a complaint being made. Further improvements were needed as it was not clear how people's comments, concerns and complaints were investigated, responded to and used to improve the service and reduce the risks of reoccurrence

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they knew how to make a complaint but had not done so as any concerns they had reported had been listened to and acted on. People confirmed they were provided with information they needed about the complaints process and who to contact if they wanted to make a complaint. One person said, "I have the information at home. I have voiced my concerns once and the office dealt with it. No further issues but I know who to contact if I did." One relative said, "We have had some problems in the past but I met with the manager and things were resolved."

People told us they had been involved in planning their own care and this met their needs. One person said, "I've talked to the manager about what I want and they wrote it down. I signed to show I agreed with things." One relative told us, "I have discussed [person's] needs and changes with the manager. I feel included in the process and am fully aware of the care arrangements in place." People's records confirmed that people were involved in decision making about their care and treatment.

People told us the manager was flexible and accommodating if they needed to make changes to the times their care workers visited. One person said, "Occasionally I have had to change the times my carers were due to come as I have had medical appointments. I have had to cancel visits too when something has come up. Never been a problem. I just let the office know and they will sort everything out."

Care workers told us that people's records provided them with the information they needed to support people in the way that they preferred and were up to date to reflect people's current situation. These included people's diverse needs, such as how they communicated and mobilised. People's records included assessments of their needs including their health, personal care and social needs. Care plans provided instructions to care workers on how to meet people's individual needs. This included information on people's likes, preferences and dislikes.

Care workers recorded the care they provided in daily record books. These indicated that the care plans had been followed. However the records were task led and did not consistently include observations or comments about the person's mood and wellbeing. It was not clear if the person was happy with the care provided or if they had any concerns. Improvements were needed as we could not be assured if people had their emotional and social needs met as well as their physical and personal care needs.

Requires Improvement

Is the service well-led?

Our findings

Our previous inspection of 30 May 2014 found shortfalls in the assessing and monitoring the quality of the service provision including taking account of people's feedback. The provider wrote to us and told us about how they had addressed this. Whilst we found that some progress had been made to address our concerns further improvements were required.

There was not an effective system to assess and monitor the quality of the service. Processes to monitor the quality and safety of the service provided did not identify and address shortfalls. The manager was unable to demonstrate an understanding of the importance of robust quality assurance systems and learning from events or actions taken to improve the service.

Although the manager had implemented audits and checks since our last inspection for example, medicines reviews, recording of incidents, missed or late visits, satisfaction survey and complaints. These were not fully embedded. Previous instances had not been reflected on and records did not provide an overall analysis to determine what had worked or gone wrong and identify themes and trends to prevent further occurrences or to drive continual improvements in the service.

Whilst people had been asked for their views about the service through a satisfaction survey and the results of feedback received was positive, there was no analysis of these results or records to show what actions had been taken and how people's views were valued, listened to and used to drive continual improvements in the service.

Governance systems including administration processes were not robust. Information requested as part of the inspection was not always accessible, accurate and provided to us in a timely manner. For example the training schedule was submitted several times to CQC as information was missing in the different versions seen.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they were satisfied and happy with the service. One person said, "I think people do their job properly, carers are congenial and pleasant. The manager is always available." One relative said, "Things have got better and are moving in the right direction. Communication has vastly improved."

Care workers told us that they were supported in their role and could speak with the manager or senior staff when they needed to and felt that their comments were listened to. Improved systems to support staff had been implemented. This included regular supervisions and team meetings which care workers confirmed they were able to contribute to and found informative. Records showed that team meetings and communication memos were used to keep care workers up to date with changes, organisational issues and compliments.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision An effective system to regularly assess and monitor the quality and safety of care that people received to ensure consistency was not in place.