

Comfort Zone Care Services Ltd

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Inspection report

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21 December 2017

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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

This announced inspection took place on 14 and 21 December 2017.

Comfort Zone Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom may be living with dementia, disabilities, and chronic health conditions. At the time of the inspection, 16 people were being supported by the service.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services if required.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person centred way. The provider had an effective system to handle complaints and concerns. Where people were able to remain in their own homes, staff ensured that they remained comfortable, dignified and pain-free at the end of their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people and their relatives resulted in positive care outcomes for people using the service. Everyone's feedback was extremely positive about the quality of the service.

Further information is in the detailed findings below.

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.

People were safe and there were systems in place to safeguard them from avoidable harm.

The provider had effective recruitment processes in place and there was enough skilled and experienced staff to support people safely.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed. Staff understood people's individual needs and provided effective support.

Staff received regular training, supervision and support in order to support people effectively.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised to enable staff to provide person-centred care.

People's needs were met in a timely way by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

The service was well-led.

The registered manager provided stable leadership and effective support to staff.

People and their relatives were enabled to routinely share their experiences of the service. Everyone's feedback was extremely positive about the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

Good ●

Comfort Zone Care Services 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.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that there would be someone available to support the inspection. We visited the office location on 14 December 2017 to see the registered manager and office staff, and to review care records, and policies and procedures. We spoke with four care staff on 21 December 2017.

The inspection was carried out by an inspector 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. Their area of expertise was in the care of older people.

The inspection was informed by feedback from questionnaires completed by three people using the service, two members of staff and two community professionals. This showed that two people of the three people using the service were happy with the quality of the service, and there were compliments from both staff and professionals. We discussed with the registered manager concerns raised by one person and they were able to explain the complexity of this person's needs.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

We reviewed how the care of five people was planned and managed. We reviewed the recruitment, supervision and training records for four staff. We checked how people's medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored. We spoke with five people using the service and three relatives by telephone before visiting the office.

Is the service safe?

Our findings

People told us they felt safe with how staff supported them, and none of them were concerned about their safety. One person said, "I am treated well and it helps me to feel safe." Relatives told us their relatives were supported well by staff and that they never had any concerns about their relatives' safety. A relative told us, "I trust them so much with [relative]'s care needs, it makes my day so much easier when they come."

The provider had safeguarding policies and procedures in place. They had also provided appropriate training and guidance to staff on how to protect people. Staff confirmed that they had received safeguarding training and they showed good knowledge of local reporting procedures. Staff told us people were safe, and they had never been concerned about potential abuse or unsafe care. One member of staff told us, "Service users are safe because I have done training and I apply this when I'm providing care. I have never suspected any abuse." Another member of staff said, "Clients are safe because staff know what to do. The training helps a lot." A third member of staff said, "Clients are more than safe in their homes as they get one to one care. I got training on safeguarding and I've never been concerned about anyone." We noted that the registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Potential risks to people's health and wellbeing had been assessed, and personalised risk assessments gave guidance to people and staff on how risks could be minimised. People told us that they had been involved in discussions about potential risks, and were happy with how they were supported by staff to live safely in their homes. As well as a 'premises risk assessment', which assessed potential environmental hazards to people, their visitors and staff, there were also other risk assessments to address specific care needs. Where required, these included areas such as mobility, nutrition and hydration, and medicines. Records showed that there was a system to review risk assessments regularly, and care records were updated in a timely way when people's needs changed. This was confirmed by a person who said, "They review my plan when needed."

The provider had safe staff recruitment procedures. We saw that all pre-employment checks had been carried out in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure that only suitable staff were employed. These checks included confirming each member of staff's identity, employment history, qualifications and experience, obtaining references from previous employers and completing Disclosure and Barring Service (DBS) checks.

There was sufficient numbers of staff to support people safely and at their agreed times. People told us they were happy that they were mainly supported by a small group of staff, which enabled them to feel safe. One person said, "I have the same carers all the time and I like that it makes me relax more." Staff confirmed that there was enough of them to support people using the service. They said they were routinely allocated to the same people, which promoted safe and consistent care. They also said that they would only support other people to cover for absences or leave and in such cases, the manager normally took them to introduce them to the person. One person confirmed that new staff were normally first introduced to them by staff they knew. They said, "Before a new carer starts to come on their own, they always have at least one visit with another carer I know."

We saw that staff rotas were always planned to allow staff enough travel time between care visits. The small size of the service also meant that staff had sufficient breaks between care visits, which meant that they were always alert and attentive when supporting people. The registered manager told us that they aimed to grow the service steadily so that they always had enough staff to support people safely.

People's medicines were managed safely in order for them to receive effective treatment. Some people managed their own medicines and those who were supported by staff told us they were happy with how this was done. One person said, "I take my own tablets and the carer always leaves them where I can reach them." A friend of another person told us that improvements had been made following their discussion with the registered manager about a couple of occasions when staff had not always monitored that the person had taken their medicines. They said that the person now always took their medicines as prescribed by their doctor because staff checked that the person took all their medicines before they left.

People told us they were supported in a way that ensured they were protected from risks of acquired infections. Everyone told us that when supporting them with personal care, staff wore gloves and aprons, and followed appropriate hand washing procedures. Staff told us that they always had equipment they needed to provide care in a safe way. One member of staff told us that they kept boxes of gloves and aprons in their car and would get more from the office if they needed to replenish these. They had also done training in infection control and prevention and they told us that they were aware of the importance of washing their hands thoroughly to prevent the spread of infection. The registered manager told us how they worked closely with people's GPs and community nurses where a person's health needs resulted in a potential risk of the spread of infection to ensure that appropriate prevention systems were in place.

We reviewed information about incidents involving people using the service, and saw that staff had been given guidance and relevant forms to report any incidents that put people at risk of harm. In the event of an incident, staff had also been advised to contact the registered manager for further guidance, and emergency services when required. The registered manager showed us that they reviewed and analysed the incident reports so that they put systems in place to reduce the risk of those incidents happening again. The registered manager told us that when a person was injured or unwell, staff always remained with them until it was deemed safe to leave them or they had been taken to hospital. Staff and people we spoke with confirmed this.

Is the service effective?

Our findings

People told us that their care needs were met and they were happy with how staff supported them. They also told us staff were trained and skilled to meet their assessed needs. One person told us, "I do think they are well trained. No matter what the girls are faced with, they deal with it very professionally." Another person said, "I couldn't ask for better care as they do exactly what I want." A relative of another person told us, "My [relative] is very happy with the care she receives. She regularly tells me how good the carers are."

We saw that people's needs had been assessed prior to them using the service. This information had been used to develop care plans that took account of their needs, choices, views and preferences. These identified what support people needed in relation to various aspects of their care including mobility, medicines, eating and drinking, personal care, and specific health conditions. We found care plans provided clear information for staff on how to support each person in a way that ensured effective care outcomes. For example, a care plan for a person with limited mobility included information on how staff needed to support them to move safely. Also, mobility equipment used by the person was listed so that staff could remind them to use this appropriately. Staff told the information in care plans meant that they were always able to provide safe and effective care. One member of staff said, "Personally, I want to exceed my limit or expectations, and ensure my clients get good care and are safe before I leave."

The provider had an induction and training programme to ensure that staff acquired knowledge and skills they needed to support people effectively. Staff were complimentary about the quality of the training and none of them had unmet training needs. One member of staff said, "The training is quite good and useful." Another member of staff told us, "I go to the office for training when there is some. I have enough training and confidence to support clients with whatever support they need." Another member of staff told us of the benefit of the training they received when they said, "Training has been excellent. Safeguarding training is hammered on to protect vulnerable people. Moving and handling training was good and I was shown how to use the different equipment."

Staff told us that they received support from the registered manager, including through regular supervision. We also saw that annual appraisals were planned so that they could be carried out when due. One member of staff said, "I get supervision and the manager is always available to support me when I call her." Another member of staff told us, "The manager is more than supportive to all staff." While another member of staff said, "I have had supervision and competency checks."

Some people were supported by staff to prepare and eat their meals, and everyone we spoke with said this was managed well. One person said, "I rely on my carers to help me with all my meals. I have my breakfast and I like my main meal at lunch time. My morning carer always asks me what I want for lunch before they leave, and whoever comes in at lunchtime prepares it for me. They also make me a sandwich for tea and I am never left without access to a drink or a snack when they leave." Another person told us, "We prepare my food together on a daily basis as I like proper food not that frozen stuff." A relative of another person said, "We are never left without something to drink." Staff told us they were happy with how they supported people with their food and drinks, and were not concerned about people not eating or drinking enough. One

member of staff told us they would always inform the registered manager of any concerns so that appropriate care could be sought from other professionals.

People told us that they or their relatives mainly managed their health appointments, but they were assisted by staff to access urgent care if they became unwell. The registered manager told us that they worked closely with people, their relatives and professionals to ensure that the care provided to people was appropriate and continued to meet their needs. We saw examples of when the service had supported people to ensure that they received appropriate healthcare support when required. In one person's care records, there was evidence of multi-agency involvement to ensure that they were safe and received effective care. The registered manager told us of a time when they acted as a person's advocate while they were in hospital to ensure that they received appropriate care and treatment. When the person was discharged from hospital, the registered manager sourced and brought back the equipment the person needed to remain in their home safely.

The requirements of the Mental Capacity Act 2005 (MCA) were met. The 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. Staff had been trained on the MCA and they showed good knowledge of the actions they needed to take to ensure that people's rights and choices were protected. One member of staff told us, "Sometimes some clients can make some decisions about their care and we do respect this. If people are not able to make decisions, I always explain why they need the care and give them options to choose from. "

People told us their consent was always sought prior to care and support being provided. One person said, "I am always asked if they can do things for me whenever they start the visit." The registered manager told us that most people using the service were able to give verbal consent for their care and support, and that they had trained staff on the importance of always asking people for their consent. Staff told us that they always asked for people's consent before they provided care and support. They also said that they ensured people had a say in what support they needed during each visit and they always respected this.

Is the service caring?

Our findings

People told us staff were kind, caring and friendly towards them. They also said having regular care staff meant that they had developed good and trusting relationships with them. One person told us, "It's not just a job to [staff], she really cares about me." Another person said, "Each staff who comes is so nice towards me." One relative said, "I can relax when the care staff are here as I really trust them to look after [relative]." Another relative told us, "I trust them so much with [relative]'s care needs and it makes my day so much easier when they come."

It was evident when speaking with the registered manager that they promoted a very caring and inclusive environment within the service. We found this was reflected in how fondly staff spoke about people they supported. People told us that they had developed close and positive relationships with the staff and this was confirmed by relatives we spoke with. Relatives described positive and friendly interactions between their relatives and staff. One relative said, "My [relative]'s carer treats him more like a father than a client." Another relative told us, "I hear the two of them chatting in the bedroom. It's quite comical sometimes when they are obviously having a bit of a joke."

Staff also told us of the mutually respectful relationships they had developed with people they supported including one member of staff who told us, "Clients have a good rapport with the carers and the manager. I'm really happy to work for such a good company that treats people so well. I'm smiling as I'm talking to you because we are one happy family." Another member of staff said, "I'm really happy with my work and supporting my regular client is just like taking care of my mum. I love it." Another member of staff told us, "I'm a chatty person and would always like to make people happy. I always have a lot of laughs and jokes with my clients."

Staff told us that people were always supported to make decisions and choices about their care. They further told us that they respected people's individuality and their diverse preferences, which enabled them to support each person in a person-centred way. People confirmed this and they told us that staff always respected their decisions. One person said, "They always ask what I would like done."

People told us staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. One person said, "All the carers treat me with the utmost respect at all times." Another person said, "[Staff] always draws the curtains when getting me ready and also keeps me covered while washing and drying me." A relative said, "The girls who come are very respectful to both [relative] and me. Nothing is much trouble for them." People also said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. One person said, "The girls encourage me to do what I can to be independent."

Is the service responsive?

Our findings

People had personalised care plans that enabled staff to meet their needs and preferences in a person-centred way. We saw that the registered manager had recently updated everyone's care plans to ensure that these contained more detailed information about different aspects of people's needs. These also showed how people preferred to be supported to live full and happy lives. The registered manager told us of the importance of a holistic approach to care and they took pride in being able to support people with 'whatever they need us to do'. For example, we saw that people's care plans identified whether they had specific cultural or religious needs and as part of one person's agreed care plan, staff took them to church every Sunday.

People were very happy that their needs were being appropriately met by the staff. They praised staff for their responsiveness, and they found the registered manager personable and helpful. Relatives told us of how the care provided by staff enabled them to take breaks from caring for their relatives to enable them to pursue other interests or relax. This was vividly put by a relative who said, "I am very happy with my [relative]'s care. It allows me to relax a little when the care staff come." Another relative said, "The care staff really know [relative] and they are so supportive to both of us."

Staff were complimentary about the quality of the information in people's care plans. They all said that although people were able to tell them what they needed support with, the care plans had enough information for them to know how to support each person. One member of staff said, "The care plans are really good and detailed. I always read these to ensure that clients are well looked after." Another member of staff told us, "Care plans are good. The manager has taught staff how to follow these and support people accordingly." While another member of staff said, "Information in care plans is clear and easy to understand. They give me information on how to assess and support each client. If a client's needs have changed, I will call the manager and discuss with them so that the care plan can be updated."

People told us their care was regularly reviewed and they had been involved in this process. One person said, "I have all the information I need in my folder." Another person said, "I have my care plan reviewed about every six months or if anything changes." Another person told us that the registered manager visited occasionally to check if they were happy with their care or whether they wanted changes made. They said, "I sometimes get a quick visit from [registered manager]."

The provider had a complaints policy and procedure, and people knew how to raise concerns or complaints. People told us that they were happy with how their care was managed and they had no reason to complain. One person said, "I wouldn't like to make a complaint, but I would if it was necessary." Another person told us of issues they had complained about and although they expressed some dissatisfaction about not always having their preferred care staff available to support them, they did not want to change to another care agency. We noted that all the complaints recorded had been raised by this person and the registered manager told us of the effort they had taken to ensure that the person was satisfied with the service provided. We also saw evidence that they had dealt appropriately with each complaint raised. We noted that a review was planned with a professional who knew the person. This was to ensure that all parties could

come to a mutual agreement about how best to meet the person's needs and preferences.

Staff told us that where possible, people remained in their own homes at the end of their lives as long as they did not require specialist care that could only be provided elsewhere. They told us that people mainly either went to hospital or a care home when they required constant care or treatment. However, in addition to the care staff provided by the service, some people were also supported by live-in care staff. The registered manager told us of how they supported a person whose care needs had changed over the last few months, and that they wanted to continue to provide the care to the person for as long as possible. They further told us that work to develop more detailed end of life care plans was on-going as they wanted to ensure that they had records of people's wishes. They said this was important as it would help them to provide person centred care at a time when people might not be able to express their wishes or might not have a close relative or friend to act on their behalf.

Is the service well-led?

Our findings

The service had a registered manager in post, who was also the provider. The registered manager was supported by a care coordinator to manage administrative work, staff training and support, and planning people's care. Everyone we spoke with was complimentary about the quality of the service, with most people attributing this to the registered manager and care staff's caring nature. One member of staff said, "It's a very good service and the management are approachable." Another member of staff told us, "The service is really great and I'm happy I work for them." While another member of staff said, "The service is well organised and communication has been very good. I will say bravo to them for the quality of the service. They are a good service and do what is required of them to look after people well."

People and staff told us the registered manager was always pleasant, approachable and really caring towards people using the service, their relatives, and staff. This was evident when we spoke with the registered manager who told us of their aim to provide a good and responsive service. The registered manager promoted a positive culture within the service which promoted a person-centred approach, openness, and inclusive working with people using the service and their relatives, and staff. Both the registered manager and the care coordinator had a lot of experience of working in services of this type and they told us how they had used their learning from those experiences to ensure that they provided good quality care to everyone they supported. People told us they always able to contact the office and found everyone helpful. This included one person who said, "I can always get hold of the staff in the office and they are always so helpful."

As part of the inspection process, people had provided really positive feedback about the service and we saw that this was also reflected in the feedback they gave to the provider. We saw that the registered manager had planned to visit each person to complete annual care reviews before the end of December 2017. They showed us the template of the form they would use to seek feedback about the quality of the service. The registered manager also had plans to send a survey to people using the service and their relatives in early 2018, and we saw a template of this too. This showed that the provider had systems to formally see people's feedback in order to continually improve the service.

Staff felt valued and enabled to contribute to the development of the service through quarterly team meetings. Minutes of the most recent meeting held in November 2017 showed that various issues relevant to staff's roles were discussed. Staff told us that they had attended meetings and they felt able to contribute to the discussions and express their opinions. One member of staff said, "Issues are dealt with within the meeting." Another member of staff told us, "We have open talks during staff meetings, and any views you have are taken into consideration." The registered manager told us that staff could contact them whenever they wanted and other communication was sent to staff using emails and text messaging. All staff we spoke with told us they really enjoyed their work and felt supported by the registered manager. One member of staff said, "The manager is very supportive." Another member of staff said, "The manager is more than supportive. She will pick you up and take you to your call if you are having transport issues." The member of staff went on to further described how they were able to support everyone as planned during the week there was snow because the registered manager drove staff who would normally use public transport to each

person's home.

The provider had effective systems to assess and monitor the quality of the service. The registered manager and the care coordinator completed regular audits to check if appropriate standards were met in relation to the quality of people's care records, staff records and the care provided to people. We saw that they took appropriate action to rectify any shortfalls in a timely way. It was evident that the provider's aim was to provide a consistently safe, effective, compassionate and good quality service. Our conversations with the registered manager indicated that they aimed to grow service user numbers gradually in order to ensure that they continued to maintain the current high standards of care. We found this was a positive way of ensuring that people continued to receive good quality care that met their needs and expectations.