

Comficare Limited

Comficare Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Comficare Ltd is a domiciliary care service providing the regulated activity of personal care. It provides support to younger adults, older people (some of whom have dementia), and to some people with sensory impairment or a physical disability. At the time of our inspection there were 35 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were sometimes exposed to the risk of avoidable harm. This was because some risks, for example, those associated with catheter care, were not always assessed, recorded or fully mitigated against.

Although the provider had good oversight of the service, improvements were needed to the auditing processes in place to monitor the quality and safety of the service. This meant the failings we found during the inspection had not been identified or action taken to address them.

People and their relatives told us they felt staff were knowledgeable and provided safe care, so they felt safe being supported by the service. Medicines were managed safely. There were enough staff to meet people's needs. Staff were recruited safely and went through an induction process where their competencies would be checked before they worked on their own with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access health care when they needed it.

Staff received training to ensure they could provide safe care for people. The provider checked staff were competent to carry out their duties. People's needs and preferences were assessed when they started using the service, and care plans were drawn up in consultation with them. Care plans were reviewed regularly, if, and when, people's needs changed or if they requested a review.

People were frequently asked for their views about the service and the provider had created an open culture where people could say if they weren't happy with something. People and relatives told us concerns had been responded to well and in a timely way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Comficare Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk assessment and governance of the service at this inspection.

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 always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Comficare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 March 2023 and ended on 17 April 2023. We visited the location's office on 24 March 2023 and 29 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We sought feedback from the local authority and professionals who work with the service. We met with 3 people on the day and spoke to 1 person and 3 relatives on the telephone. We spoke with 7 members of staff including the registered manager and the director. We reviewed a range of records which included 7 people's care plans and risk assessments, 3 recruitment files and records associated with governance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always safely assessed, recorded, or monitored. Some people's specific needs had not been assessed, for example, there were no written risk assessments for catheter care or use of hoists. Although there were risk assessments for falls and risk of pressure ulcers, they came up with a numerical score rather than explaining to staff what the risks were and what action should be taken if risky scenarios arose. This meant people were put at risk of possible harm from staff not being aware of all risks and how to respond to them.
- Care plans did not always contain the detailed guidance staff needed to keep themselves and others safe. For example, the provider had discussed with staff about how to respond to a particularly challenging situation arising from a new package of care. Staff were aware they could leave the situation if they were at risk. There was no written guidance, however, about when it was safe to use this strategy, or how to mitigate the risk to the person if staff left before the care visit was completed. Staff did not consistently have the written guidance they needed to enable them to understand and meet people's individual needs. This meant 1 member of staff had undertaken tasks they were not trained for around pressure care. Two staff members told us they found out how to support someone by asking family or watching health professionals.

Risks were not always adequately assessed or mitigated which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to our feedback and immediately took action to ensure staff had the detailed guidance required to meet people's needs and keep them safe.

- People told us they felt safe with the service. One person told us, "I feel they are well briefed about me." Another said, "They know exactly what to do" if they weren't able to communicate their needs on the day. Someone else told us staff had the skills to meet their needs and were, "Good at their job."
- Staff knew people well and were able to tell us how they supported people. One relative told us they sometimes called Comficare Ltd for advice if the pharmacy had sent a different type of catheter, as they always knew what to do with it.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew the process for reporting any concerns, both in the service and outside it.

- There were policies and procedures in place designed to protect people from the risk of abuse. The policy had been reviewed since the last inspection.
- The provider was clear about their responsibility to raise safeguarding concerns with the local authority when necessary.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were polite and arrived on time, and the service contacted them if staff were ever going to be late. Visits were not missed and staff stayed for the allotted time.
- Staff were recruited safely, for example they were DBS checked. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had not identified where DBS checks had not been re-done for staff employed for many years. Whilst DBS checks do not technically become out of date, by not renewing the check the provider missed the opportunity to see if any criminal activity had taken place since appointment. The provider told us they would review DBS checks for long standing staff.

Using medicines safely

- Medicines were managed safely. Daily oversight of the electronic system meant the provider could see if staff had not completed a task, for example, given medicines. They were instantly able to see the explanation on the system and follow up or speak with the care staff if required, to ensure people received their medicines safely and as prescribed.
- Staff undertook medicines administration training, and their competency was checked before they were able to support people with medicines.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned when something went wrong. Incidents and accidents were recorded, reviewed, and actions taken.
- The provider and a relative gave an example of when something had gone wrong, and the service had received a complaint as a result. The provider had apologised to the person and their relative, investigated the event, and took action to ensure the event would not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At our last inspection the provider failed to act in accordance with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The service was working within the principles of the MCA. People's mental capacity to consent to their care was assessed when they started to receive a service from Comficare Ltd. This information was available to all staff via their handheld devices.
- The provider was sourcing face to face training for themselves and supervisors to increase their understanding of completing mental capacity assessments.
- People told us staff sought consent before carrying out care. For example, 1 person told us, "They always ask me what I need or want, they always ask for consent."

Staff support: induction, training, skills and experience

- Staff received appropriate induction and training to meet the needs of people using the service. For example, new staff undertook an induction process. This included shadowing supervisors who demonstrated how people's specific needs and preferences should be met. Supervisors received

appropriate training, for example, in catheter care, and passed on their knowledge to care staff. Staff competencies and confidence were checked before they were able to work on their own with people. This check included people using the service feeling confident that new staff knew enough to support them.

- Staff received appropriate external training in mandatory subjects, for example, safeguarding and medicine safety. External face to face manual handling and first aid training had been restarted post-pandemic. Additional training was provided for staff if they requested it, for example, to boost confidence in using lifting equipment single-handedly.

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

- Senior staff assessed people's needs and preferences at the start of the package of care. Care plans were created by the person and the senior staff during this time of assessment, and the information shared with all staff.

- Care plans were updated as and when people's needs changed, or at the person's request.

- One person told us, "Everyone who comes in is tuned in to me." Another person told us staff adapted support to meet their needs at the time as they had good days and bad days.

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

- People were supported to eat and drink according to their needs and preferences.

- Care plans contained personalised information about people's food and drink requirements and staff recorded what a person ate and drank during a visit.

- The provider was clear that any concerns about people's eating, drinking, or weight, would be escalated to relatives and health professionals as necessary.

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

- Staff and management liaised with other agencies and health and social care professionals when necessary. The provider told us they had good links with GP, occupational therapists and the district nurses. Healthcare professionals told us the service was, "Meeting individual needs as they know their service users well" and had worked alongside people and their families to build relationships and resolve any issues which arose.

- The provider gave examples where their contacting health and social care professionals had led to a positive change in care provision for the person. For example, having identified risks associated with 1 person's mobility, following discussion with the person's family, the service made a referral for an Occupational Therapy assessment. This resulted in the person receiving safer and more comfortable care in line with their preferences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to operate effective systems to ensure compliance with Regulations, and to effectively monitor the quality and safety of the service, which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvement had been made since the last inspection, not enough had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not always understand their role in governance of the service. For example, risks were not all properly assessed putting people potentially at risk of harm. Care plans were not always detailed enough to ensure staff knew exactly what actions they should take, for example, about pressure care, catheter care, etc.
- Auditing of the service had improved since our last inspection. However, although records and staff confirmed the following activities were being carried out, there was no overall audit of staff recruitment, induction, competency checks, or supervision.

The provider had not ensured their governance systems were effective to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear and confident about how to get support from the on-call person and told us help was always quickly available.
- The electronic system had been updated to enable the provider to ensure staff stayed for the full duration of their visits.

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

- The provider had created an open culture which achieved good outcomes for people. For example, people and their relatives told us they would call the office if they wanted to discuss anything. One person told us, "I rang [registered manager] recently just to say thank you, it means I can stay in my own home." A relative told

us they had called the office with a concern and it was quickly resolved.

- Feedback from relatives was positive, indicating they were happy with the care received by their loved one. Relatives of 2 people told us, "Nothing is too much trouble." People were also very positive about the service. One person told us, "I'm truly delighted with how I'm looked after." Another person told us, "They couldn't be better." Someone else told us the provider had responded quickly to resolve an issue when she had expressed concerns about it.
- The provider recently updated their Equal Opportunities Policy and written a Race, Gender, Age, and Disability Policy. Consequently, staff are being provided with a Diversity, Equality and Inclusion course.
- The values of the service were promoted for new staff by shadowing senior and more experienced staff, and in an ongoing way for all staff via staff meetings, supervision, and appraisals.

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

- People were engaged with the service. For example, people were asked for their views, annually in written surveys, in phone calls approximately every 3 months (or as and when required), and during their care visits by staff.
- Staff were very positive about the support they received from the provider. Staff told us the service was flexible and responsive to health or life issues happening for them, allowing them to go to appointments or have shifts which better suited them. One staff told us, "I'm blown away by the amount of support, you are appreciated", and another told us the staff meetings were open, there was a good atmosphere, and, "Were invaluable" if staff worked on their own.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with health and social care professionals to ensure people's needs were met.
- The provider organised a Christmas party to bring together people, their families and staff, with a view to reduce isolation for people.
- The provider had not yet surveyed professionals for feedback. However, they had asked to be part of a local authority assessment process. The provider wanted to better understand where their service was working well and to identify any areas of improvement so they could take action on recommendations made.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty to share information in an open, honest, and timely manner. There was an updated policy regarding this. They were clear about when they needed to share information with agencies such as the local authority or CQC.

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>Risks were not always adequately assessed or mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured their governance systems were effective to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>