

COM Safer Care Ltd

# Com Safer Care Ltd

## Inspection report

19 Heather Glen  
Romford  
RM1 4SR

Tel: 02071013153

Date of inspection visit:  
20 February 2023  
24 February 2023

Date of publication:  
15 March 2023

### 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 

# Summary of findings

## Overall summary

### About the service

Com Safer Care Ltd is a domiciliary care service that provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Care plans did not include people's preferences with personal care to ensure they received person centred care. We made a recommendation in this area.

Staff had completed essential training to perform their roles effectively. Staff were supported through regular supervision. People were able to choose where they lived. The supported living site was an ordinary house close to other residential and commercial properties, at the heart of the local community. People were supported to eat a balanced diet and were able to choose what they ate. People had access to health care professionals. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

### Right Care

Robust risk assessments were not in place to ensure people received safe care at all times. Medicines were being managed safely. People were protected from the risk of abuse. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service. The provider had staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

### Right culture

Robust quality assurance systems were not in place to ensure shortfalls could be identified and action taken to ensure people were safe at all times. People were supported to have maximum choice and control of

their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff told us there was an open and positive culture at the service. People were supported to express their views.

Systems were in place to ensure feedback was received from people on their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This was the first inspection of the service since it registered with CQC on 2 September 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service is Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Com Safer Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach on good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Com Safer Care 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 carried out by one inspector.

#### Service and service type

Com Safer Care Ltd is a domiciliary care service that provides care and support to people living in a supported living setting, so that they can live as independently as possible.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 not a registered manager in post. We were informed by the deputy manager, that they were recruiting for a manager and will ensure they register with the CQC once recruited.

#### Notice of inspection

We gave the service 72 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 20 February 2023 and ended on 1 March 2023. We visited the location's office

on 20 February 2023 and the supported living site on 24 February 2023.

#### What we did before the inspection

We reviewed the Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we visited the providers head office and also the supported living site. We spoke with the deputy manager. We reviewed documents and records related to people's care and the management of the service, which included people's care plans and medicine records.

We reviewed staff files, which included pre-employment checks. We looked at other documents such as quality assurance and training records.

We spoke to a relative of a person who used the service to receive their feedback about the service. We also spoke to 2 staff members to check if they knew about the people they supported.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Robust risk assessments were not always in place to ensure people received safe care.
- Risk assessments had not been completed in relation to a person's health conditions to ensure risks associated with people's medical conditions were minimised. Staff did not have information about signs and symptoms of risks or details of the type of actions to take. The registered manager told us that staff had been trained in specific areas in relation to people's health and records confirmed this, but they would ensure risk assessments were completed as soon as possible.
- Risk assessments had been completed for people at risk when out in the community, when anxious and food safety.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy were in place. A relative told us, "[Person] feels safe, I'm sure [person] does."

### Staffing and recruitment

- Systems were in place to minimise risks of late or missed calls. The service used a time sheet to monitor staff attendance and punctuality. These time sheets were also reviewed by the management team.
- The service primarily used agency staff. The deputy manager told us that they use the same staff to ensure continuity of care and the agency staff were familiar with the service. A staff member told us, "We have enough staff to support people safely."
- Pre-employment checks had been carried out to ensure staff were suitable to work with people who used the service. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.

### Using medicines safely

- Medicines were managed safely.
- Medicine Administration Records showed that people received their medicines as prescribed.
- For medicines when needed, protocols were in place that included how to administer the medicines safely.
- Staff had been trained on medicines and their competency had been assessed to ensure people could be supported with medicines when required.

#### Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- Incidents forms had been completed with details of the incidents and action taken. The deputy manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections.
- Staff confirmed they had access to Personal Protective Equipment (PPE) such as gloves and aprons and used this when supporting people with personal care. We observed at the supported living site that staff wore PPE and the site was clean and tidy. A staff member told us, "I have been trained in infection control and we have enough PPE. We do not work in dirty environment; it must be clean otherwise it is not safe for people and for us."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Robust systems were not in place to assess people's needs and choices.
- Although pre-assessments and reviews had been carried out this did not include people's preferences with the support they required and risks to people's health. This meant people may not receive safe person-centred care. The management team told us they would ensure pre-assessments were made more robust to include this.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent in accordance with the provider's MCA policy from people to provide care and support.
- Where people may not have capacity to make specific decisions, an MCA assessment had been carried out to determine if they had capacity to consent to care and treatment and a best interest decision made on the person's behalf with family members and professionals.
- Staff had been trained on MCA and were aware of the principles of the act. They told us that they always request people's consent before doing any tasks. A staff member told us, "We need to ask for consent when supporting someone."

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

- Care plans included the level of support people would require with nutrition.
- People's preferences were recorded, and they were given choices with meals. We observed people's dietary requirements were being met and food was available in accordance to people's beliefs. A staff member told us, "All the time we give options with food, like I show them what they [people] would like to have."
- We observed staff feeding people safely and were aware of people's preferences with meals.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as safeguarding, basic life support and moving and handling. One staff member commented, "I got good training, which was helpful. I got training in first aid, epilepsy, safeguarding and fire safety. They were all helpful."
- Regular supervisions had been carried out for staff to ensure they were supported in their roles.
- Staff told us they felt supported. A staff member said, "Manager is a good manager. They do support me."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Staff knew when people were not well and what action to take. GP details were recorded on people's care plan. Staff were aware of contacting GP as they knew the contact information or emergency service if people were not well.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. We observed that people were comfortable and happy at the supported living site. We asked a person if they were happy at their home and they smiled and nodded. A relative told us, "[Staff] seem nice."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. Staff told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member commented, "We always involve people in decisions as much as we can like with dressing, personal care and food. It should be their choice."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "We will make sure people have privacy when needed like when showering, doors and curtains are closed so they are not exposed."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or nutrition.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Robust care plans were not in place to ensure people received personalised care. A relative told us, "I don't if they know all of [persons] needs, they may know some of [person] needs but not all of it."
- Although care plans included the support people generally required, it did not include people's preferences on how they would like to be supported with personal care such as with washing and brushing teeth to ensure they received personalised care.
- Care plans did not include information about peoples learning disabilities and any specific routines they may follow to ensure they received high quality care. The deputy manager and staff we spoke to were aware of the persons routine and records showed that staff had been trained on learning disabilities.

We recommend the service follows best practice guidance on personalised care plans.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans were in place and included how staff should communicate with people effectively. Plans also included if materials were required to communicate with people.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The service had not received any complaints since they registered.
- The deputy manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints. We saw complaints processes were included on peoples care plan.

End of Life care and support

- At the time of inspection the service did not support people with end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Robust audit systems were not in place to ensure people received safe personalised care.
- Audits had been completed on care plans, health & safety, medicines, premises safety and kitchen. There was also a quality assurance managers monthly report completed, which detailed information supervisions, agency use and care plans. However, these audits did not identify the shortfalls we found with risk assessments and care plans.
- Staff did not always have the information they needed to provide safe and personalised care. We saw staff did not have access to detailed person-centred accurate care plans to facilitate them providing care to people the way they preferred. Risk assessments were not robust to ensure people received safe care at all times.

Management systems were not robust to ensure people received safe person-centred care. The failure to maintain accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and were positive about the management of the service.
- The management team was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to obtain feedback from people about the service.
- People's beliefs and background were recorded, and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people or their relatives through telephone calls. Staff surveys had also been completed on obtaining feedback from staff. The results were positive.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The deputy manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person centred care at all times.</p> <p>The registered provider was not maintaining accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care.</p> <p>Regulation 17(1).</p>