

Comfort Living Care Services Ltd

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Inspection report

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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

About the service

Comfort Living Care Services Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection, six people were receiving this 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 protected from the risk of abuse and neglect and risks to people's health were assessed to reduce risks. There were enough staff to provide safe care to people in their homes.

Medicines were safely administered. Staff followed infection control policies and procedures, including COVID-19 guidance to reduce the risk of the spread of infection. Systems were in place to ensure that accidents and incidents were recorded and acted upon.

People had their needs assessed prior to receiving personal care. Staff were inducted effectively into the service and trained. Staff received regular supervision to develop their roles. Where needed, people were supported with their meals and to maintain a balanced diet. Referrals were made to other health and social care professionals as and when required.

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

People and their relatives were listened to and were able to make decisions about their care. Staff were kind, caring and respectful. Care was provided in a dignified and respectful way.

People's received person-centred care. People were able to make choices about the way they wanted their care to be provided. A complaints policy and system were in place so that any complaints could be dealt with appropriately. People felt able to raise concerns with staff and management if needed.

The management team had a good understanding of the regulatory requirements of their roles. People's feedback on the quality of care was sought. People told us they felt the service was well managed, and communication was good. Systems were in place to monitor and check on all areas of the service.

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

Why we inspected

This service was registered with us on 14 September 2021 and this is the first inspection.

Follow up

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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below

Comfort Living Care Services 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

This inspection was carried out by one 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

This inspection was unannounced.

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with one person who used the service, two relatives of a person who used the service, and one friend of a person who used the service. We also spoke with two staff members, the manager, and the care coordinator. We looked at a range of documents including care plans, staff recruitment files, and training records.

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 of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt safe when being supported by staff. One relative told us, "[Name] gets good care with this company. They are safe and very good."
- We saw that the registered manager and staff knew when to raise safeguarding concerns, and did so promptly, to ensure people were kept as safe as possible.
- Staff received training in safeguarding procedures and were knowledgeable about how to report concerns as required.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to assess the risk that was present in people's lives. This included assessments of risk around people's mobility, the environment, infection control, and any more specialist medical support needs such as the use of a percutaneous endoscopic gastrostomy (PEG) feeding system.
- We saw that risks were reviewed and updated as required, and staff we spoke with told us they felt comfortable managing risk, and were not ever asked to carry out tasks they were not trained for.

Staffing and recruitment

- There were enough staff to support people safely and on time. Relatives we spoke with told us that staff were consistent and arrived on time to provide care. One relative said, "They are on time, and if they are running late, [name] gets a phone call to explain why."
- An electronic call monitoring system was in place to track and monitor staff support calls. This meant that management knew where staff were, and would be alerted if staff were late to a call or missed a call, and could act promptly on this.
- Staff were recruited using safe recruitment procedures. This included ID checks, employment references, and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Medicines were administered by trained staff, who used the correct documentation to record what had been given and when. People we spoke with were happy with the support they received in this area.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- A system was in place to ensure that any incidents and accidents were recorded, and actions taken as required. The staff and registered manager understood the requirements to record incidents in detail, and when to notify outside organisations such as the local authority safeguarding team.

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 Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs fully assessed by the registered manager and care coordinator before any care was delivered. This information formed the beginning of their care plans, and detailed people's protected characteristics (e.g. religion/gender etc), preferences and wishes.

Staff support: induction, training, skills and experience

- A training record was kept, however it was not always easy to identify when staff training was due, and when courses had been completed. The registered manager told us there was some issues with the training system being used, but would ensure the records were revised to accurately display an up to date record of staff training.
- Staff had been inducted and trained in areas such as medication, safeguarding adults, and infection control, and felt confident in their roles. One staff member said, "The induction process was good, it prepared me for the role."
- Staff members had spot checks and supervisions to provide support, and to check on their competency.

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

- People's care plans documented what support they required with food and drink, as well as their preferences and any specific dietary requirements. Staff and the registered manager all had a good knowledge on people's needs and preferences in this area.

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

- The service was prompt in referring people to health care professionals when they needed it, for example, district nurses and occupational therapists. We saw examples of assessments and guidance provided by healthcare professionals that staff had access to and were following.
- People's healthcare needs were documented within their care plans, which were updated as required.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who required it, had their capacity assessed. Details were provided about the specific decisions that were being assessed, and involved the input of family members when required.

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; respecting equality and diversity

- People and relatives told us they felt well cared for, by a kind and caring staff team. One relative told us, "They [staff] are all lovely people and very gentle with [name]." Another relative said, "Everything has been fine. We got rid of the last company because they were no good. Comfort Care has been much better." We saw a written compliment which read 'We can't thank the team at Comfort Living Care Services enough for the care, dignity and compassion they showed [name] in their last weeks and the efficient, polite, professional comfort they brought to our family at a really difficult time.'
- Staff and the registered manager knew people well and understood their needs and personalities, including any beliefs or cultural backgrounds.

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

- People were valued and listened to by staff. Relatives told us staff supported people to express their views and understood how to communicate with people.
- Staff supported people to make decisions about their day to day care and support. Staff members told us they always had the time they needed to make sure they could talk to people and relatives, and ensure their voices were heard.
- Care plans documented how people communicated, and how staff should give people the time they needed to respond.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with all confirmed that staff were respectful of privacy and dignity when undertaking care tasks within their homes.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

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 Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were treated as individuals, and staff understood people's individual, needs, preferences, likes and dislikes. For example, one person who did not use English as a first language, was provided with staff who could speak their language. A friend of the person told us, "[Name] was struggling with language barriers with previous care companies. [Name] needed people who speak their language and understand their culture. Comfort Care have been consistent and kept the same carers. [Name] is doing very well and has improved in many ways."
- Care plans were personalised to each person. For example, they contained details such as people's social networks, close family, major life events, life history, education and occupations.
- The staff and the registered manager, all had excellent knowledge of the people being supported, and had a passion to provide good quality care to them, that met their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs, and the registered manager said they were able to provide information in different formats such as large print or pictorial documents, if required.

Improving care quality in response to complaints or concerns

- At the time of inspection, no complaints had been made to the provider. We saw that a complaints policy and procedure was in place, and people told us they knew how to make a complaint.

End of life care and support

- The service was providing end of life care to some people. We saw that care plans documented people's end of life care needs in detail, and included any medical requirements, pain relief, and any needs and wishes for the person's end of life care.
- We saw records of close working with other health and social care professionals who were involved in people's end of life care, and were working collaboratively with the service.
- Staff were provided with end of life care training to ensure they could meet the needs of people who were receiving this type of 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 Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff told us the service was well managed, and promoted a positive culture. One staff member said, "I do get supported well, if I need time off its ok, it's easy to feedback to the managers and I am comfortable doing so." A relative said, "We are very happy with the service, they let me know about everything. They get ten out of ten from me."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.
- The registered manager and the care coordinator were experienced in care, and took pride in being a company which aimed to provide quality care to people. The registered manager and care coordinator were both directly involved with people's care packages, and knew the needs of people well.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks on quality took place to ensure standards remained high. This included the checking of records such as medicine administration records and daily notes, to ensure any errors were found and acted upon.
- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.
- Spot checks and competency checks on staff were taking place to monitor how staff were providing care, their timeliness and professionalism. Staff we spoke with told us they were regularly checked on and given the support they required.

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

- People told us they felt communicated with well, and engaged with. One relative of a person said, "They [staff] take on board any questions or concerns, I always feedback. They are always open and learning."
- The service was relatively new, and were working on collating a questionnaire to send out to people,

enabling formal feedback on care to take place.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and care coordinator were open and receptive to feedback during our inspection.