

Comfort Homes and Care Limited

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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 Homes and Care Ltd provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. Care is provided in two separate houses with 'multi-occupation'. At the time of the inspection four people were receiving personal care and support.

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

People received individualised care and support from regular staff that demonstrated detailed knowledge of people's individual needs.

Staff had received training in how to keep people safe and knew the actions they would take to keep them safe from harm. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment.

The provider had a recruitment process to ensure they had employed suitable staff to support people safely.

People's nutritional needs were met, and people were supported to enjoy a choice of meals. People were encouraged to work with staff on meal preparation and household chores to maintain and develop their independence. People were supported to access healthcare professionals when required. People were supported to have choice and control of their lives and the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. People's privacy and dignity were respected by staff and their independence was encouraged.

People's support needs were assessed and reviewed to ensure they received the support they needed. Relatives told us they had not needed to make a complaint but knew how to and would feel comfortable doing so should they need to.

The management team completed regular checks and audits to monitor the quality of the service. Quality reviews were carried out to gather information about people's views. Spot checks were also completed to ensure the quality of the service was maintained.

Relatives and staff said the service was well managed and staff said they felt well supported to provide person centred care.

Rating at last inspection

This service was registered with us on 26/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Comfort Homes and 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' setting[s], 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.

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.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two relatives of people who used the service to obtain their views on the care people received. We spoke with two members of staff, the nominated individual, the registered manager, the administrator and a director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, medication records, a variety of records relating to the management of the service, including audits records, minutes of meetings and the staff training matrix. We also looked at two staff files in relation to recruitment.

After the inspection

We spoke with three members of staff by telephone. We also contacted one health professional for feedback.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We spoke with two relatives felt people were safe with the support of staff. One relative commented, "Yes, absolutely they [staff] know how to look after them."
- People were supported by a small team of staff who knew people's risks and the support required to minimise their risks.
- Risk assessment documentation provided guidance to staff, however improvements could be made as some risk assessments were not sufficiently detailed. We discussed this with the registered manager who understood why more detail was necessary and addressed immediately during the inspection. There had been no impact on people as they had the same regular staff who knew how to meet their individual support needs.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe. Staff were able to describe the actions they would take where people were at risk of harm including contact external agencies such as the local authority or CQC if required.
- Staff stated they had not had reason to raise concerns but were able to do so with the management team if needed, and they were assured that action would be taken as a result.

Staffing and recruitment

- We looked at two staff recruitment records and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Using medicines safely

- People's medicines were managed safely. Medication administration records (MARS) we observed were completed accurately. One relative told us staff gave appropriate medication support. They commented, "They [staff] are very strict and very thorough."
- The registered manager had recognised through audits that the current MARS used needed improving to give staff more space to record their signatures. At the time of the inspection they were meeting with pharmacists to look at new administration systems and records.

Preventing and controlling infection

- Relatives we spoke to said staff they had observed staff wearing aprons and gloves when providing care.
- Staff received training in infection control and confirmed that PPE (personal protective equipment) was readily available to them.

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

- The provider carried out an initial assessment, so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.
- The initial assessment also gave opportunity for the person to meet with people currently living at the service. The assessment included the person meeting existing residents.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. Relatives told us they considered staff were competent and supported people safely.
- Staff received induction training and shadowed experienced staff before commencing work. Staff told us they felt access to training was good.

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

- People were supported with their meals and drinks to ensure they maintained a healthy diet. One relative commented, "[Person's name] picks their food. What they [staff] give they enjoy."
- Staff gave an example of how one person had been encouraged to eat more fruit to maintain a more balanced diet. Staff told us how they ensured people were supported with a choice of meals by advising them of the food available, so they could choose.

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

- People were supported to access healthcare services and support. For example, we saw records where people had been supported to attend healthcare appointments.

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. Staff had a good understanding of the importance of gaining consent from people before providing support.
- Staff told us that people were able to give their verbal consent to care, however if this was not possible they would look for facial expressions and body language to indicate people's consent.

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 were supported by kind and caring staff and feedback we received was very positive. One relative said, "Very happy with it [the care].....I know they really care."
- People were supported by a small staff team that knew people well and understood how they preferred their care to be provided. One relative said, "I told them about [person's name] and they learnt [their preferences]. They are very good they ask questions and listen."
- One member of staff gave an example of how one person waited each day for them to come on duty, so they could share a cup of tea together. The member of staff said, "[Persons name] waits for me to have a drink of a night, I feel special. I spoke to his [relative's name] and she was happy to hear that."
- We found people's equality and diversity needs were respected. One relative said, "Cultural food is available - if they want something they [staff] will get it."
- Staff told us they enjoyed working with people and the registered manager said, "We consider ourselves a family - people call us brother."
- The provider told us he visited each home twice a week to call in and see people and make sure things were okay.

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

- People and their families were involved in care planning and their views and wishes were respected. One relative said, "[Person's name] is involved because they [staff] talk to them. [Person's name] is very happy to say if they are not."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us the actions they took to ensure people's privacy was respected.
- People were encouraged to maintain their independence and do as much as they could for themselves. Staff gave examples of how people were encouraged to be involved in meal preparation and household chores like washing up after their meals. One member of staff said, "[Persons name] chooses their food and works alongside staff - staff work with them to prepare meals."

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 received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. People were supported by regular carers and were able to build up good relationships with them. One relative said, "[Person's name] doesn't understand all words so they [staff] have worked with them and learnt."
- Relatives told us people were involved in how their care was delivered. One relative said, "[Person's name] is involved because they [staff] talk to them – they are very happy to say if they are not (listened to)."
- Care plans and assessments were in place to show the support people needed. One healthcare professional told us, "The managers were very supportive in making sure that they supported the person by ensuring their needs were met appropriately and keeping me informed of what was happening at all times." The healthcare professional also advised us staff had supported the person to access community services.
- We saw that where staff had recognised that one person was at risk of becoming socially isolated, they were working with the person to identify new social activities they would enjoy.

Meeting people's communication needs

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.

- The registered manager was aware of AIS and how to meet people's specific communication needs. For example, the service user information pack included easy to read information on the service and information on safeguarding.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and relatives knew who to speak to if they had any concerns. One relative said, "No reason to [complain], but I speak to staff all the time so I am happy." The provider had not received any formal complaints and said as a small service they were able to pick up concerns at a low level. They said, "We have an open channel with families - open to any concerns. One person wanted a change of carer - we actioned this. They then missed them, so we called them [member of staff] back to the house."
- Staff told us they felt comfortable to raise any concerns with the registered manager and they were assured that action would be taken.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care. The registered manager said they would speak to the person, people who knew them well and healthcare professionals where this care was required.

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

- Relatives we spoke with spoke positively about the service. Feedback from one relative was, "To be honest I can't fault them, I couldn't be happier, I'd give them 10/10!"
- The registered manager was well known and liked by relatives. One relative commented, "[Registered manager] and [nominated individual] are brilliant - really caring." One member of staff also commented, "[Person's name] says call [registered managers name], he's my best friend."
- Staff told us the registered manager was approachable and supportive and they felt valued. Two members of staff said, "[We] feel supported - can ring [for advice] any time. On call is always available." A further member of staff said, "I like it because they are very supportive - if you tell them something they say we'll take care of it."

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

- The registered manager completed regular audits and action was taken where required. For example, we saw that a check of daily communication sheets identified staff were not recording activities as required. This prompted inhouse training for all staff and the registered manager had also arranged quizzes and training on how paperwork should be correctly completed at staff meetings.
- Spot checks were carried on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions and staff said these were two-way conversations which enabled them to raise any concerns or issues if required.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Continuous learning and improving care

- The registered manager was very open to learn about where the service could improve. They told us how they accessed the CQC and skills for care websites to improve their knowledge.
- The registered manager had developed scenario based training for staff to keep their knowledge up-to-date. For example, we saw records of a medication training scenario where staff completed a training MAR sheet.
- The management team showed a commitment to developing the service. For example, they were developing a newsletter which would go on the providers website for people, relatives and all stake holders. The registered manager had produced a draft newsletter and planned to share it with people for their views

of what they like included in the newsletter, for example information and links to community services.

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 the duty of candour and was very open and honest about where improvements could be made and was open to the findings of the inspection.
- Relatives said communication was very good. One relative commented, "Definitely good communication - even the littlest thing they ring me, and we discuss."

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

- Quality reviews were carried out with people to gain their views of the service. Feedback we observed from the reviews was positive.
- A staff review had also been completed and we saw the provider had received positive feedback on staff satisfaction on working for the service.

Working in partnership with others

- The service worked in partnership social workers, health professionals and relatives to ensure the service people received was person centred.