Home Comfort Care Agency Limited

Home Comfort Care

Inspection report

44 Pickford Lane
Bexleyheath
DA7 4QT

Tel: 02084893620
Website: www.homecomfortcare.co.uk

Date of inspection visit:
14 June 2022

Date of publication:
13 July 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Home Comfort Care is a domiciliary care agency. At the time of the inspection there were twenty people receiving personal care from the service.

People's experience of using this service
The providers quality monitoring systems were not always effective. They had not identified the shortfalls we found in relation to recruitment records, sufficient staffing levels and acting to reduce the number of late calls to people using the service.

There were safeguarding adults' procedures in place. The provider and staff had a clear understanding of these procedures. Where required people received support from staff with their medicines. Staff were following government guidance in relation to infection prevention and control.

People's care needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Staff received training relevant to people's needs. Where required people received support from staff to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were treated in a caring and respectful manner and they had been consulted about their care needs. They knew how to make a complaint if they needed to. People had access to end of life care and support if it was required.

Staff said they received good support from the provider and care coordinator. The provider took people and their relatives views into account through spot checks and surveys. The provider and staff worked with health care providers to plan and deliver an effective service.

Rating at last inspection and update
This service was registered with us on 23 March 2021 and this is the first inspection.

Why we inspected
This was a planned inspection to assess if the provider was complying with our regulations.

Enforcement
We have identified breaches in relation to staffing levels and the providers systems for monitoring the quality and safety of the service.

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 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 not always safe.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Home Comfort Care

Detailed findings

Background to this 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
A single inspector carried out this inspection. They were supported by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, there was not 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 the provider would be available to support the inspection.

What we did before inspection
We reviewed information we had received about the service. 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 (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 took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection
We spoke with two people using the service and nine relatives about their experience of the care provided. We spoke with four members of staff and the provider. We reviewed a range of records. These included four people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including the electronic call monitoring system, policies and procedures and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 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.

Staffing and recruitment

- People did not always receive their care calls on time. One person told us, "Time keeping is not good, they let us know if they are going to be late, but there is not enough staff, they are often in a hurry." A relative told us, "Sometimes the staff arrive an hour earlier than agreed, it means they have to wake my loved one up. I am not sure if there are enough staff, the manager told me they are always trying to recruit new staff." Another relative commented, "My loved one is a diabetic, it is important they eat regularly. The morning call can be a problem if the staff arrive late because my loved one tries to get themselves something to eat and is at risk of falling. It's worse at the weekend, they should have arrived between 8:30-9:30am but last weekend but they did not arrive until 11am."
- Staff told us there was not always enough staff. One staff member told us. "We need some more staff; it's well known that we do. Sometimes I run late (over 30 minutes) so I call the office and they let people know. There's then a knock-on effect for the next call being late." Another staff member said, "There's not enough staff. Especially for when staff call in sick or their car breaks down, we need more cover. I always try to be on time, it's really important for the people we support."
- The provider showed us an electronic call monitoring system (ECM) which included a staffing rota. This indicated the call times and staff assigned to each call. The care coordinator told us that when staff were late, they contacted the office and they in turn advised people their call would be late.
- The provider showed us records of people's calls including cancelled and late calls (over 30 minutes). We saw a calls log for one person between April 1 and April 30, 2022 where the person received six late visits. The provider was not able to tell us what actions they had taken to address the late calls. They had not looked for trends to establish the reasons for the late calls or the staff members responsible.

We found no evidence that people had been harmed however, the provider was failing to make sure there were enough staff to meet peoples care needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment procedures were not robust enough to help the provider make safer recruitment decisions. We looked at the recruitment files of four staff. These records included evidence that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- However, the provider could not produce an application form or any references for one staff member and another staff member had only one employment reference.

Following the inspection, the registered provider confirmed they had taken action to ensure staff

recruitments records included all the information required to comply with our regulations.

Assessing risk, safety monitoring and management
● Risks to people had been assessed to ensure their needs were safely met. Assessments included risk for people in areas such as moving and handling, falls, pressure area care and medicines.
● Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where people had been assessed as requiring support with moving around their home, we saw guidance had been provided to staff on how to support them by using walking aids and hoisting equipment.
● Risk assessments had also been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.

Using medicines safely
● People received support from staff to take their medicines safely. Some people or their relatives managed their medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their care plans.
● The care coordinator showed us people's electronic medicines records (EMARs). They told us these were monitored daily to make sure people received their medicines as prescribed. We saw if medicines were missed, medicines error forms were completed, and the error was followed up with staff. For example, a staff member had received extra supervision from the provider when they had administered a topical cream but had not completed the EMAR.
● The provider carried out unannounced spot checks on staff to make sure staff were administering medicines correctly. A staff member told us, "The provider carries out spot checks on staff monthly. He checks we are doing everything right including administering medicines. We don't know when he will turn up, it just happens."
● Training records confirmed that staff had received training on the administration of medicines and their competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse. One person told us, "I have no family, I see them (staff) three times a day, I feel safe with them, they always lock the front door when they leave." A relative commented, "I definitely feel the care my loved one has is safe, the staff actually talk to my loved one, and my loved one likes the staff. They turn up on time, if not they inform us".
● There were safeguarding adults' procedures in place. Staff told us they would report any concerns about abuse to the provider and they were confident the provider would make a referral to the local authority safeguarding team.
● The provider understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Preventing and controlling infection
● The provider was taking appropriate measures to prevent people and staff catching and spreading infections.
● People and their relatives told us staff always wore appropriate PPE when they attended their homes.
● A staff member told us, "We test ourselves for COVID 19 three times a week. We have access to plenty of PPE. I follow the latest Government guidelines and I always wear masks and gloves when I carry out my calls."
● Records confirmed that staff had received training on COVID 19 and infection control.

Learning lessons when things go wrong

- The provider and staff understood the importance of reporting and recording accidents and incidents.
- Records showed when the provider or staff had identified concerns or accidents, they had taken appropriate action to address them. For example, a call was cancelled without confirmation from the person or their relative which led to a missed call. The provider told us they and staff had learned all care calls needed to be attended to unless the person or their relative confirmed the cancelation.

Good

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

- Peoples needs were assessed before they started using the service. The provider carried out initial assessments to consider if the service could meet people's needs safely. The assessments covered aspects of people's care and support needs such as medicines, moving and lifting and personal care needs.
- The information drawn from assessments was used to draw-up care plans and risk assessments. Relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. One person told us, "The staff are well trained. They are knowledgeable, they know about moving and handling, the administration of medication and food safety." Another person said, "The staff know what they are doing, they understand my loved one's dementia."
- Staff had completed induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This included for example, training on safeguarding, medicines administration, moving and handling, equality and diversity, health and safety, basic life support and dementia awareness.
- Staff told us they shadowed senior staff before they were permitted to work alone. A staff member said, "I shadowed the provider and the care coordinator for the first few days so that I could get to know people and what their needs were."
- One staff member told us, "The training is very good, and I receive formal supervision with the provider every month." Another staff member told us, "I support people with moving and hoisting equipment, and I have received training from an occupational therapist and the provider on using equipment specific to people's needs. If I was to support people with other medical conditions the provider would make sure I was fully trained before I could work with them."

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

- People were supported to maintain a balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes.
- One person told us, "The staff get my food ready for me, I choose what I want to eat, and they microwave things for me, or they make me a salad." A relative told us, "The staff prepare my loved one's breakfast because we had safety concerns about them doing it for themselves."
- A staff member told us, "I prepare food for people when it's in their care plan. I have not had any negative

comments about my cooking. I offer people a variety of options."

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

● People had access to health professionals for support with their health care needs. People and family members told us they managed their own health care needs and appointments. A relative told us, "The staff always identify when my loved one is not feeling well, and they will contact me."

● Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. We saw records confirming staff followed advice from district nurses in relation to pressure area care and an occupational therapist had trained staff on using moving equipment.

● A social care professional told us, "The provider and staff have been very patient and always involve my client. We regularly exchange emails and telephone conversations where they have sought and followed any advice or guidance I have given them. The service they have provided has been of a very good and safe standard which has, at times exceeded expectations going above and beyond."

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.

● People's capacity to make decisions was assessed and retained in their care records.

● Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "The people I support have capacity to make decisions for themselves. Nonetheless I always tell them what am doing and seek their consent before I do anything."

Good

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 well treated and supported. One person told us, "The staff are very kind, I can have a laugh with them. They are not dull or down in the dumps. it's what you need." A relative commented, "My loved one she considers the staff to be their friends, they are sociable with them." Another relative said, "Without a doubt the staff are kind and caring, we are impressed with their compassion, so much better than the last agency we had."
- People's care records referred to their cultural and religious needs and relationships that were important to them.
- Training records confirmed that staff had received training on equality and diversity. A member of staff told us, "I respect people's differences, cultures, choices and religions. I had training on equality and diversity, and I am happy to support all people."
- A relative told us, "My loved one has dementia, they can be unhappy and grumpy at times. The staff understand this and make a joke with them, they manage to lift my loved one's mood."

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

- People were involved in making decisions about their care. Initial assessments showed that people and their relatives had been consulted about the care and support they received.
- A relative commented, "My loved one sat through the initial assessment and decided on the times for the visits and told the provider what they wanted the carers to do for them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "The staff help my loved one with personal care, they talk to them. They ensure my loved one's privacy and help them with their independence." Another relative commented, "Their (staff) approach is good, they help my loved one to shower, being careful as my loved one is very nervous. They are comfortable with the care the staff provide."
- A staff member told us they made sure people's privacy and dignity was respected. If family members were present, they would politely ask them to leave the room if they were supporting a person with personal care. They also made sure curtains were drawn and they covered people with towels to preserve their dignity. They also said they encouraged people to do what they could for themselves.

Good

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's care plans described their health care and support needs. They contained information about their personal history and any medical and physical needs. The plans held guidance for staff for supporting people with these needs. For example, with moving and lifting, oral health, medicines and personal care.
- Care records showed that people's needs had been discussed with them and their relatives to help establish their preferences in the way they received support. A relative told us, "I am involved in all the planning and discussions about how my loved one likes to be cared for, and the plans for the future."
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people using moving and hoisting equipment and with their medicines.

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.

- People's communication needs were assessed when they started to use the service.
- The provider told us that information was shared with people in ways they understood. They told us, if people required information in a different language or visual aids this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- People told us they knew how to make a complaint if they needed to.
- We saw a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. Records showed that when a complaint was raised it was investigated by the provider and responded to appropriately. Discussions were held with the complainant to discuss their concerns.

End of life care and support

- People's care records included their wishes for care at the end of their lives.
- The provider told us one person had recently been assessed as requiring support with end of life care.

They said they would work with the persons family members and health care professionals to make sure the person was supported to have a dignified death. They were in the process of setting up an end of life care plan for this person.

Requires Improvement

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.

Continuous learning and improving care

- We found the providers systems in place to monitor and improve the quality and safety of the services provided to people were not always operating effectively.
- Where the providers electronic call monitoring system (ECM) had identified regular late calls, we found the provider had not looked for trends to establish the reasons for the late calls, the staff members responsible or take appropriate action reduce the number of late calls.
- The provider had failed to make sure there were enough staff to meet people's care needs.
- Staff recruitment files had not been audited to make sure all essential information had been obtained before staff started working for the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found other evidence where the providers systems monitoring the quality and safety of the services were operating effectively. For example, we saw regular audits relating to medicines and health and safety, incidents and accidents and complaints logs were in place. We saw an equipment register confirming all equipment used in people's homes was serviced and safe for use.
- Regular monthly spot checks were carried out on staff to assess their performance and identify areas for improvement. For example, where a staff member had shown short falls with wearing PPE and with moving and handling the provider held additional supervision with them which covered infection control. The staff member also completed a further moving and handling competency assessment.

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

- The service did not have a registered manager in post. Three managers were previously registered with the CQC to run the service. The most recently registered manager left in March 2022. The provider has been managing the service since that time. They told us they were actively seeking to recruit a new manager and would be registering them with the CQC to manage the service.
- Staff commented on the support they received from the provider. One staff member told us, "I am very happy working here. I am well supported by the provider and care coordinator. I can contact them at any

time for advice." Another staff member said, "This is a really nice place to work, it's the best company I have worked for. The provider is very supportive and always has time for me."

● People and their relatives commented positively about the management of the service. One person told us "I have told the provider that he has a team of good staff." A relative commented, "The provider is very caring, and all the staff like him."

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 demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always fair, truthful and transparent with family members and professionals and took responsibility when things went wrong.

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

● We saw satisfaction surveys completed by people and their relatives. The feedback the provider received was very positive. One person had commented that they were not always sure which staff member would be attending their care. The provider told us they were developing an action plan and this issue would be addressed.

● We noted that the survey did not directly ask people if staff turned up on time for their calls. We suggested to the provider that this question should be included in future surveys.

● The provider told us the monthly spot checks on staff were used also to obtain the views of people using the service. If people raised any issues with them, they were recorded and acted on.

Working in partnership with others

● The provider worked with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they told us they welcomed these professionals' views on service delivery. An officer from a local authority that commissions services from the provider told us the providers communication was very prompt and helpful.

● The registered provider told us they attended a virtual provider forum run by the commissioning local authority during the pandemic. They told us they received support around managing COVID 19, PPE and following the latest Government guidelines.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems for monitoring and improving the quality and safety of the services provided to people were not operating effectively.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive care and support from sufficient numbers of suitable staff.