Sodexo Home Care Services UK Limited

Comfort Keepers UK

Inspection report

Columbia House
Columbia Drive
Worthing
West Sussex
BN13 3HD

Date of inspection visit:
22 November 2016
23 November 2016

Date of publication:
17 January 2017

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 22 and 23 November 2016 and was announced.

Comfort Keepers UK is a domiciliary care service which provides personal care to people in their own homes. The registered office is in Worthing, however the service provides personal care to people across West Sussex including Worthing, Shoreham-By-Sea and Lancing. The service supported older people, people living with dementia, people with a physical disability and/or a sensory impairment. At the time of our visit, the service was supporting 120 people with personal care. The total number of people changed frequently due to the service regularly supporting people who had been discharged from hospital and who required short term care and support.

The registered manager had been in post since August 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Each person had a completed care record which was kept in their homes for staff to use to meet their care needs. However, during our inspection, we found there were gaps in information held at the registered office with regard to the care and treatment the service was providing to people. This included gaps within care plans, risk assessments and how people were supported with their prescribed medicines. This meant the office were not able to monitor and audit the quality of the care provided consistently for all people. We made a recommendation to the provider so the appropriate action was taken to ensure completed care records were held at the registered office. The registered manager was prompt in responding to this issue and told us the action she would take to rectify this.

People told us that Comfort Keepers UK provided a safe service. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of potential abuse or neglect. People and relatives spoke positively about the support they received from the service and records reflected there were sufficient staff to meet people's needs. The service followed safe recruitment practices. People's medicines were managed safely within people's own homes.

Risks to people had been identified and assessed and information was provided in people's homes for staff on how to care for people safely and mitigate any risks.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Supervisions, appraisals and competency assessments were consistently carried out for all staff supporting people.

People's consent to care and treatment was considered under the Mental Capacity Act 2005 when providing care. Some people received support with food and drink and they made positive comments about staff and

the way they met this need.

Staff spoke kindly and respectfully to people as well as involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

People received personalised care. People's care had been planned and individual care plans were in place. Care plans provided clear guidance to staff on how to meet people's individual needs. People were involved in reviewing care plans with the management team.

People's views about the quality of the service were obtained informally through discussions with the management team, care reviews and formally through surveys.

People told us that they knew who to go to make a complaint and how they would do so if and when they required. People told us they were pleased with improvements the service had made with regard to sending the same staff on care visits.

During the inspection we found the registered manager open to feedback and prompt in taking action to improve the experience of care people received.

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.

People and their relatives felt the service was safe. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

People received support with food and drink and made positive comments about staff and the way they met this need.

Staff supported people with their healthcare and contacted healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's assessed needs.

Care plans were personalised.

The service responded to people's experiences. People knew who and how to complain to if needed.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The service was not always able to effectively audit and monitor the quality of care provided to people. Information was incomplete for some people in care records held at the office.

The service had an open and positive culture.

Staff told us that the registered manager was supportive and approachable.

People were asked their views of the service informally and through surveys and the feedback of the care received was positive.

Comfort Keepers UK

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 22 and 23 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and 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. The expert-by-experience had experience of dementia care, domiciliary services and other care environments.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the first day of our inspection we visited two people in their own homes. We observed how people were supported by staff and we looked at their daily files. We visited the registered office where we met with the registered manager, the client care specialist and the care scheduler. On the second day of our inspection we spoke with the business development manager and met with three care staff separately. We looked at four care records, complaints, accidents and incidents records, surveys and other records relating to the management of the service. We read three staff records, these included staff recruitment documents, training, supervisions and appraisals. The expert-by-experience spoke with 11 people and six relatives by telephone to gain their views of the service and care they received.

The service was last inspected on 13 June 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People confirmed they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person told us they felt safe because the same member of staff attended their care visit; they said, "Makes me feel safe, I know she is coming". Another person said, "I feel safe because I know someone is coming". A relative told us, "They have never let us down that makes my [named person] feel safe".

Care records in people's homes contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, the risk of falls and how to support people with their medicines. We found risk assessments were updated and reviewed every six months or sooner if required and captured any changes identified. For example we read one person's risk assessment file in their home which had been reviewed in November 2016. It provided thorough step by step guidance on how two staff should support them to move safely. Other risk assessments in place for the same person covered their nutritional and medicine needs. We met with the person who complimented the care they received and said, "They are exceptionally good carers", and added, "I am totally satisfied with the confidence and competence of the carers". One staff member said, "You need to know the risk assessments". Another member told us risk assessments, "Are good". During our inspection we found gaps and inconsistencies with regard to the risk assessments that were held at the registered office. We have referred to this in the Well-Led section of this report.

At the time of our inspection the office confirmed 14 people were supported by staff with their medicines. One person told us, "They give me a full wash and apply my cream". Staff told us they felt confident when administering medicines. They felt the administering medicines training was useful and valued the support they received from the management team. They described in detail how they administered medicines mainly from blister packs and then completed the Medication Administration Record (MAR) for each person who received prescribed medicines. One staff member told us how they had supported a person after had been discharged, at short notice, from hospital. They explained how they had very little time to ensure their prescribed medicines and MAR were in place ready for staff to administer and were pleased they had been able to resolve the issue. We observed staff administer medicines to one person in their own home in a personalised and professional manner. However, they signed the daily log sheet rather than the allocated MAR available in their daily file after they had given it to the person. We queried this with the staff member who said this was standard practice as the person was so able to take them herself.

We discussed this with the registered manager who was already in the process of reviewing the medicines policy and procedure and agreed the practice observed was incorrect. They addressed the issue by speaking with the staff concerned and sending out a memo to all staff who administered medicines to people. Shortly after the inspection the registered manager wrote to us to confirm that all MAR sheets were being completed by staff in accordance with their policy and procedure. We have written about the gaps and inconsistencies and how MAR sheets were reviewed by the office staff in the Well-Led section of this

report.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. One staff member said, "I completed safeguarding training on my first day". They added, "First point of call the office, if I couldn't get what I needed from them Social Services". Another staff member told us the different agencies who may need to know, "Doctors, social services and CQC".

People told us there was sufficient staff to meet their needs. The service offered care visits of one hour as a minimum which allowed time for staff to attend to a person's assessed needs and an opportunity to chat and build a rapport with the person they were supporting. Records and our observations demonstrated there were enough staff to meet people's needs. The registered manager told us rotas were planned in advance and showed us the information they provided to staff before each visit to ensure they knew the correct times and care needs of people. One person told us, "I am flexible with times, if I want them at a specific time I can call (the office) and they will oblige". We received mixed opinions from people and their relatives whether they were contacted by the service if staff were running late. One person told us, "I have a regular carer she is always on time or will text me if she is running late". A second person said, "I have regular carers and I know when they are coming, they will let me know if they are going to be late". However, a third person told us, "They are sometimes late if they get held up with traffic; they don't ring me I have to call them". A fourth person told us they had a regular carer and said, "On a couple of occasions they have been late and do not always communicate with me". Other people and their relatives spoke about how improvements had been made by the service ensuring the same carers visited them. One person said, "The last three months have been settled". Another person said, "To begin with I did not feel safe as I had all sorts of people coming (over a year ago)…now I have regular carers I am happy". We shared some of the feedback with the registered manager who explained that they had made improvements with how staff were deployed since the care specialist and the care scheduler had joined the office team in June and July 2016. The care specialist had care assessment and care review responsibilities and the care scheduler had rota responsibilities.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office staff receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted. Actions taken by the office staff helped to minimise the risk of future incidents or injury.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities. People and relatives told us of the confidence they had in the abilities of staff who knew how to meet their needs. One person told us, "I get the same three they are very good and never in a rush". Another person said, "I find them all very professional and well trained".

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. The registered manager was qualified to deliver training in subjects such as moving and handling, dementia and safeguarding and facilitated these and other subjects to new and existing staff. The induction consisted of a combination of basic training, shadowing experienced staff, the reading of relevant care records and the provider's policies and procedures. Staff had additional shadowing shifts if they were new to working in health and social care which consisted of working alongside experienced staff. A member of staff who had previous experience before working for Comfort Keepers UK told us, "[Named registered manager] questioned me during my induction even though I had experience". The registered manager told us it was helpful facilitating inductions to new staff as it meant she was able to build up a rapport and assess their knowledge and skills. In addition to the service induction, the registered manager told us they included aspects of the Care Certificate (Skills for Care) for new staff. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment.

Staff complimented the training provided. One staff member told us, "Yes. Definitely enough training and plenty of support if you need it". Additional training courses were arranged for staff when the registered manager identified a need. For example, 13 staff members out of 45 had completed end of life training and 14 staff were in the process of completing the same course. The registered manager told us all staff were due to complete the training by the end of April 2017. Some staff had completed a National Vocational Qualification or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

The registered manager told us since July 2016 staff received structured documented support from a senior staff member monthly. Records checked showed the service carried out unannounced 'spot check' visits on all staff every three months. During the spot checks the senior staff member observed how staff carried out their role and responsibilities on that particular care visit. We read a sample of recorded spot checks which were mostly positive accounts of how staff had been assessed during the observed care visits. In addition, supervisions and appraisals were provided to the staff team by the management team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Work related actions were agreed within supervisions and discussed at the next meeting. We read team meeting minutes which covered items such as uniforms and the service's sickness procedure and other matters relating to staff roles and responsibilities. The registered manager told us, and records confirmed, how they continuously

communicated with the staff team by the use of a 'weekly email' which provided rota information, changes in people's care needs and other training updates relevant to their role. The registered manager also encouraged staff to visit the management team at the office which was observed throughout our inspection, this meant support was made available to staff throughout the week.

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people were offered choices by staff. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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. Best interest decisions made on behalf of people who lacked capacity were made by health and social care professionals, the registered manager and team and the relevant family members.

At the time of our inspection we were told all people the service supported had capacity to make decisions about their care. Shortly after the inspection the registered manager sent us a copy of a capacity assessment form they would be using in the future. Staff received training on the topic and understood how consent should be considered. One staff member told us, "Just because they have dementia it doesn't mean they can't decide, they have a choice".

People were assessed to identify the support they required with food and drink and care records reflected this. People spoke positively about the support they received from staff with their meals. One person told us, "I prepare my meal and they cook it for me". Another person told us, "My carer knows me very well and if I'm out of anything when she does my shopping she will add it to the list". A third person told us, "They make my tea and I choose what I have for breakfast". A relative told us, "If I am out they will make what I've left for [named person's] lunch". Staff completed various documents relevant to the individual support which had been provided regarding food and drinks given to a person on each care visit.

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs; some people or their relatives were able to book their own health appointments. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GPs and district nurses were involved with some people's care. One person said, "On one occasion I was unwell and they called my GP". Another person said, "Once my legs were swollen they spoke to my daughter and arranged for me to see a GP". A relative told us, "They have called me a couple of times, when they thought [named person] had a urine infection and they called a doctor". Staff informed the office staff of any concerns and documented any changes in people's daily files and/or on an on line system which highlighted the issue to the next staff member on the next care visit. The on line system was also accessed by the office staff and relatives of the person. This meant information about a person who received care was routinely updated and easily accessible when needed.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. One person told us, "The carers I have I cannot fault; they are interested in me and we talk about families and they make me laugh". Another person said, "They are all so nice and caring". A third person told us the staff were, "Splendid. I can't think of another word for them". They added, "I feel they come as friends". A relative told us, "There is always lots of laughter they talk to [named person] and tell him what they are doing".

People were encouraged to be involved with their care and to remain as independent as possible. People and relatives told us they felt included in decisions about their care including choices about what to eat, what to wear and where they wanted to move to within their own homes. One person complimented the service as they felt they were responsible for increasing their independence and said, "Now I only have care twice a day, I need a lot less care now". Another person told us about the personal care they received from staff and said, "We will discuss what I will wear for the day". A relative told us, "[Named person] can be reluctant to wash sometimes but they are very good at assessing the situation and using kind words". Staff were observed supporting people in their own homes to make decisions about the care they received. Staff described to us the approaches they used to ensure people remained as independent as possible. One staff member said, "Get them to join in. Try and get them to do as much for themselves as possible".

People told us they were given opportunities to make comments about the service and review their own care and support. People were aware of the contents of the daily files that were kept in their homes. These included contact information, their care plan and other daily monitoring forms pertinent to the individual. People were encouraged where possible to sign documents within their files which showed they were involved with the care they received. The registered manager and the care specialist were involved in holding reviews with people and their relatives. They reviewed care being delivered and told us they encouraged people to call or email her in between those meetings if there was a need. One person told us, "I can call them and adjust my care to whatever I need". A relative, who's family member had been using the service for six weeks, told us the service had, "Got it 100% right from the word go". They told us the scheduler had visited them and their relative to assess and set up the care and support required. They added, "The girls are lovely, very professional".

People told us staff respected their privacy and promoted their dignity whilst supporting them with their care and we observed this in practice. One person said, "They (staff) are what the title says they care". Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking with them and providing personal care. Staff were sensitive with regard to being in a person's own home and were mindful about people and their relative's property. They knocked on doors before entering and closed them when providing personal care to people. One staff member told us, "If they don't want to have a wash it is their choice". They added, "We have time to talk to people and listen about their lives". During our inspection we were told about how a staff member had conducted themselves on a care visit. They had noticed the relative of the person they were supporting appeared unwell. They contacted the relative's GP and pursued medical support for them. The staff member acted proactively and prevented a

serious health issue for the relative. The registered manager told us they were going to present the staff member with a 'staff member of the month award' due to their caring response. This demonstrated that a caring practice was embedded throughout the organisation.

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their needs in a personalised way. People told us the support they received from the staff team met their assessed care needs. People and relatives also told us the service was flexible and made changes to the support provided as and when required. One person told us, "I can call them and they will adjust my care to whatever I need".
A relative told us, "They are there for [named person] they treat her as an individual". Another relative spoke positively about the care their family member received and said, "At [named person's] review they asked if there was anything they could do better".

Mostly people told us they were involved and aware of their care records in place. Care records we read in people's homes included a care plan, risk assessments and other information relevant to the person they had been written about.

The care plans we read were reviewed every three months or sooner if required. They included information provided at the point of assessment to people's current needs. Care plans provided staff with guidance on how to manage people's physical and/or emotional needs. This included guidance on areas such as communication needs, mobility and medicine needs. For example, one person required two staff to support them with their personal care routine which comprised of one hour visits three times each day. The care plan described the expectations of what staff should do on each care visit. One person said, "A senior comes out periodically just to check everything is ok". A relative told us, "They were very helpful at the start of my [named person's] care; they came to see us and set up the care plan". Another relative told us staff had read care plans prior to care visits to their family member and said, "They've done their homework before they have come, gives me great confidence".

Care plans varied in style and length depending on a person's needs, whether they were receiving care for a short period of time or on a long-term basis and the amount of information made available to the service via health and social care professionals, people and their families. Mostly staff were positive about the care plans in place. However, one staff member felt some care plans needed more detail and said, "The little things make so much difference". Due to the feedback and the variation in detail with care plans we read, we discussed care plans with the registered manager. Shortly after the inspection they told us they were in the process of reviewing care plans to ensure they all had the correct level of detail required to guide staff. They also told us they would be doing this during December 2016 visits to people in their own homes. During our inspection we found gaps and inconsistencies with regard to the care plans that were held at the registered office. We have referred to this in the Well-Led section of this report.

Care records also included daily records, which were completed at the end of each care visit by staff members. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. In addition, staff made recorded an account of daily care provided in the online system which, as discussed in the caring section of this report, was accessed by relatives and the office staff. Information written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly.

People told us that if they had any concerns they knew they could talk to staff on care visits, or call the office. There was an accessible complaints policy kept in people's daily files, however there were no open complaints at the time of our inspection. People and their relatives told us they knew they could approach the registered manager and other members of the management team if they needed to. One person told us, "I did complain once about a carer who was late and didn't know what they were doing, they listened and I haven't seen them again". Another person told us, "I had a lot of dealings with the office and they have helped me to iron out a lot of things and now I am happy". Some people and their relatives told us they were not always clear about office staff, their names and their exact roles, including the registered manager. We fed this back to the registered manager who, shortly after the inspection, sent us copies of management profiles complete with photographs which they were sending to people who used the service.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us about care plans that were in place and used by staff to meet their needs. Records we checked in people's homes were current and clearly reflected the care needs of the person receiving support in their own home. Care plans contained the necessary guidance for staff to follow and were routinely reviewed by senior staff to reflect any changes in care needs. However, when we checked care records held in the registered office, information was not always readily available, including a lack of detailed care plans and risk assessments. We discussed the inconsistencies and gaps with the registered manager. They told us this was due to how a person funded their care. For example, some people privately funded their care and other people were funded by the local authority. The registered manager said those funded by the local authority had a care plan and risk assessment devised by them at the point they started using the service. Therefore this was the working tool staff worked with in people's homes when providing care. However, a copy of this information was not necessarily held at the office. Out of the four care records checked at the office the information in three were limited and incomplete. The registered manager also told us, and records confirmed, how inconsistencies in care plans held at the office had been highlighted at a recent audit by an independent care consultant. We were also unable to check and sample MAR sheets completed by staff when they had administered medicines to people, as they had not been returned to the office. This meant the registered manager was not able to effectively audit and monitor the quality of care provided to people when copies of core documents were not held at the office.

We recommend the provider reviews its systems to ensure copies of all records relating to all people receiving care are held at the registered office to enable effective auditing of the quality of the care provided to take place.

The registered manager received the recommendation and guidance positively and took prompt action to ensure copies of all records relating to people's care were held at the registered office. Shortly after the inspection they emailed the Commission an action plan which detailed what had been completed and what was planned based on the recommendation. In addition, they had taken the opportunity to book themselves and the management team on additional courses to help implement further effective systems. We were assured and confident the registered manager understood their role and responsibilities and had addressed the gaps and inconsistencies found.

People and their relatives expressed positive views of the service and the care that the registered manager and staff provided. People felt the culture was an open one and that they were listened to. During the course of the inspection pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One person said, "I am very pleased with the service that Comfort Keepers give". Another person said, "They are fantastic to talk to and I am at ease, I cannot ask for more". A relative told us, "I can't praise Comfort Keepers enough". Another relative told us about a recent incident where they had been unable to gain contact with their family member and said, "They went out and found her…they took her home".

People were asked their views of the care they received through face to face care reviews, telephone reviews

and through satisfaction surveys which were sent to people twice a year. We read results from a survey completed in March 2016 which commented, '94% of clients are satisfied with our services'. The results provided a breakdown in the areas checked. This included their 'strongest points in overall service delivery' which were people felt they had a good relationship with their care worker, the services provided met with my expectations and the invoicing and payment process was clear and understandable. Their 'weakest points' included people not being informed of any changes (lateness and absence). A new survey had just been sent to people at the time of our inspection.

Staff spoke passionately about the values of the service and explained their role and their responsibilities. One member of staff told us how much they enjoyed their job and said, "I am very, very happy. I was going to come out of working in care. I enjoy my job again". The staff we spoke with all felt supported by the office. One staff member said, "One of the best companies I have ever worked for". Another staff member told us, "It is a great company".

The registered manager demonstrated good management and leadership throughout the inspection. They discussed the needs of the people they supported as paramount and told us they tried to always make themselves available for both people and the staff team. They told us how a senior carer role would be introduced in early 2017 to provide an additional link between care staff and the office. We observed how they spoke with people and their families over the telephone, how they supported the office staff team and other staff who visited the office. They were quick to respond to feedback throughout the inspection and address any issues that may have impacted on people and their care. The registered manager said, "I am very passionate about the company. Comfort Keepers are centred around clients and staff". This showed the registered manager's commitment to people and the staff team.