Comfort Care (Truro) 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 Care is a domiciliary care agency. It provides personal care to older people living in their own homes in the Truro area. At the time of the inspection 27 people were receiving personal care. Care visits lasted between 15 and 45 minutes.

People's experience of using this service:
• People, and their relatives, were highly complimentary about the way in which care was delivered. They told us staff were caring and friendly in their approach. Comments included; "They are all very cheerful, they put my mind at rest. They are just a nice crowd", "It just takes the pressure off me a bit, somebody coming in that he can chat to. I let them get on with it" and "I think I'm comforted by the fact she is visited by very caring people who will keep me updated."
• People received care visits from small groups of care workers who they had formed trusting relationships with. Although people were not given information in advance about who would be visiting most said they were not concerned about this. However, some relatives thought the provision of rotas would improve the service.
• Staff also mentioned rotas as an area for improvement. While they considered the organisation to be well managed they said rotas were not provided far enough in advance.
• Everyone told us they liked and respected the registered manager. People and staff told us the registered manager was open, caring, trustworthy and approachable. When things went wrong they responded quickly and took action to make sure lessons were learned.
• Care plans were informative, accurate and regularly reviewed to help ensure they reflected people's needs. Monitoring systems to highlight when people's health was at risk of deteriorating were not always implemented. We have made a recommendation about this in the report.

Rating at last inspection: At our last comprehensive inspection in September 2016 we rated the service as Good overall and Requires Improvement in Safe. We carried out a focused inspection in February 2017 when we found improvements had been made and the rating for Safe was improved to Good. (Reports published 7 October 2016 & 22 March 2017)

Why we inspected: This was a scheduled inspection and was planned based on the previous rating.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection schedule. If we receive any information of concern we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

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

Is the service effective?

Good

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

Is the service caring?

Good

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

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Comfort Care (Truro) 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by an adult social care 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.

Service and service type:
Comfort Care is a domiciliary care agency. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
We gave the service two working days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
We visited the service's office on 8 April 2019 to meet with the registered manager and to review care records and policies and procedures. On 10 and 11 April we conducted telephone interviews with people who were receiving care from the service and staff.

What we did:
Before the inspection we reviewed information we held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We also reviewed the Provider Information Return (PIR). This is a document the provider sends to us describing what they do well and any planned improvements.

We spoke with:
• the registered manager
• five members of staff
• five people using the service
• seven relatives.

We looked at:
• detailed care records for three people
• three staff recruitment files
• training records
• other records relating to the management of the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- New staff were required to complete safeguarding training before starting work. This training was regularly refreshed to help ensure staff's understanding of safeguarding processes remained up to date.
- The registered manager and a senior care worker were booked to attend safeguarding training for managers a few weeks following the inspection visit.
- Staff were confident any concerns they raised to the registered manager would be dealt with appropriately. One commented; "Oh, absolutely, [registered manager] would do something about it" and "[Registered manager] would nip it in the bud."
- People and relatives told us they felt safe and trusted staff. Comments included; "Very safe, they watch him and make sure he has his frame with him at all times. I'm very confident with them", "They have always been trustworthy. The management check everything, they're all so good" and "'I think they're very good. I feel satisfied, they keep the place locked up and give medication at appropriate times."

Assessing risk, safety monitoring and management

- Risk assessments covered a range of areas including falls and mobility and risks relating to people's homes.
- Risk assessments clearly identified the risk and guided staff on the actions they could take to protect people from harm. For example, one assessment identified the person was at risk of falling. Information identified when the risk was higher and how staff should support them at these times.
- The organisation had a policy in place which stated staff would not be responsible for people's money. If anyone needed support with shopping families were asked to provide a prepayment card which was only accessed by the nominated individual.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service.
- People knew the staff who supported them and told us staff were usually punctual and stayed for the allotted time. Comments included; "They always seem to turn up about the same time. Sometimes they are late, but they always apologise" and "They are very prompt and if they are late, they let me know."
- People were supported by a small group of staff who knew them well. This helped ensure a consistent approach to the delivery of care. Comments included; "We've had the same girl four times on the trot this week, they are always accommodating. There is a little group of carers and you get to know them personally, they are very, very nice" and "I do get regular carers. I don't get too many new ones."
- Pre-employment checks such as criminal record checks and references were completed before any new

staff started work. However, there was no evidence new employees were formally asked for information about their health as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this with the registered manager who assured us they would add this requirement to future application packs.

Using medicines safely

● There were records in place to document when people had been supported to take medicines.

● Care plans provided clear information about the medicines people took. Any factors which might impact on people's safety when taking medicines were highlighted. For example, if people had difficulty swallowing or with manual dexterity. This meant staff were aware of any additional support people might need.

● Staff were required to complete training in the management of medicines before being involved in this aspect of people's care.

Preventing and controlling infection

● Staff told us they always had access to aprons and gloves to help prevent the spread of infection.

● No-one using the service had any concerns about infection control. One person told us; "I notice they wear aprons and gloves and ask if they can dispose of them in my waste bin."

Learning lessons when things go wrong

● Accidents and incidents were documented and audited each month. This was an opportunity for the registered manager to identify any trends and learn lessons.

● For example, after one person was taken to hospital following a fall, the service ensured the person was given a lifeline to enable them to call for help if required. Care plans were updated and a review with an occupational therapist arranged.

● A relative told us of an occasion when a medicines error had been made. They said the registered manager had acted quickly to ensure the persons' well-being. Systems had been improved to try and prevent the situation re-occurring. The relative told us; "I feel they dealt with it professionally and immediately."

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People new to the service had their needs assessed by the registered manager in collaboration with other agencies and relatives where appropriate.
- When people first started using the service the registered manager covered the first few visits to ensure their needs had been accurately recorded. They then introduced regular care workers to the person. They commented; "I judge it according to the complexities and what works for the person."
- The registered manager had kept up to date with best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience
- All new staff were required to complete a month long induction period which included a three day course covering the Care Certificate. This was refreshed every year in a two-day refresher course.
- Before any new staff started working unsupervised they shadowed, and then worked alongside, more experienced staff. The registered manager assessed new employees competency and confidence before they started to work independently.
- The organisation accessed an external agency to provide face to face training. The registered manager told us; "I think face to face is better, staff remember it better, it goes in."
- Training covered all areas highlighted as necessary for the service and was regularly refreshed. When people had specific needs, training was arranged to help ensure staff were competent and skilled. For example, some staff had completed training in PEG feeding (a procedure where people receive food through a tube passing through the abdominal wall).
- All staff were positive about the training they received and told us it was regularly updated. One laughed: "Training? Yes, [the registered manager's] all over that!"
- People and relatives told us they had confidence in the ability of staff to deliver care effectively. Comments included; "A lot of them they keep going on courses. They put cream on my legs they know what they're doing" and "They just seem to hone in on what [relative] needs."
- Staff received supervisions every month including face to face meetings, observational checks and appraisals. They told us they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet;
- Some people received support with meal preparation. Staff had completed food hygiene training.
- Mealtimes were recognised as a source of pleasure for people and care plans were descriptive when

stating how people liked their meals prepared. For example, "[Person's name] likes to have a cup of soup with salt and pepper served in the blue mug with a small dish of croutons."
● When staff recognised people might be at risk due to poor diet or not drinking enough they had raised their concerns with other healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Relatives told us the service was particularly good at reporting any concerns to other healthcare professionals.
● Examples we heard about included; "One incident some weeks ago [relative] developed a sore, they picked up on that and said she would contact the doctor who gave her powders" and "She had a rash before Christmas, they let us know and the doctor dealt with it."

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 with appropriate legal authority.

● The registered manager and senior care worker had recently attended a study day for the MCA. As a result, the registered manager was in the process of updating care records to more clearly record people's capacity.
● Where they were able to, people had signed their care plans to show they were in agreement with their planned delivery of care. Records indicated when people had Power of Attorney arrangements in place.
● People and relatives confirmed staff always asked for permission before delivering care. For example; "If he says he doesn't want a shave then he doesn't have a shave", "They do things exactly as I want them" and "If [relative] said I really can't have a shower today, I would know and [staff name] would read the signs."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and relatives were highly complimentary about the caring approach of staff. Comments included; "One [member of staff] came here, she had a bit of time on her hands before she went on to the next one and said to [relative] "Would you like me to paint your nails?" Another [member of staff] had a holiday, we didn't see her for about a month, she popped in to see if [relative] was alright, they go above and beyond", "They just speak to him kindly, nicely and encourage him", "Just their general demeanour, sensitive, caring people. People who love what they do" and "They talk to me; they treat me as if I'm somebody precious. Their attitude is very good."

● Staff told us they had enough time to support people at a pace that suited their needs. One member of staff told us of a time when visits to one person were regularly overrunning because their needs had increased. The registered manager had arranged for visit lengths to be increased. The staff member said; "We never rush people, it's just not right."

● There was limited information about people's life histories and backgrounds. This information can support staff to develop meaningful relationships with people. We discussed this with the registered manager who agreed they would develop this aspect of care plans.

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

● People were supported and encouraged to be involved in planning how care was delivered. For example, it had been identified that one persons' morning visit was not in line with their preferred routines. The service had worked with the person to find a time which better suited them.

Respecting and promoting people's privacy, dignity and independence

● Care plans informed staff of what tasks people could complete for themselves and so maintain some independence.

● Feedback from relatives was positive. Thank you cards read; "Your work has been exemplary" and "We are so grateful for all your care and kindness." Comments included; "When they wash [relative] I feel there is great respect for the client", "They always ring the doorbell, or bang on the door, or if it's open call out as they go in. They are very respectful."

● The management team valued confidentiality and this was a regular agenda item at team meetings. The importance of protecting people's private information was emphasised.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● Care plans described peoples individual needs, preferences and routines. They were reviewed regularly to help ensure they reflected people's needs at all times.
● Descriptions of people's routines were very detailed to ensure staff were able to support people according to their wishes. For example, "[Person's name] dislikes being rushed first thing in the morning and likes to put the TV on before the carer starts."
● Staff told us the registered manager always introduced them to people when they started using the service. This was confirmed in our conversations with people. One person told us; "A new carer comes with one of the others or [registered manager] would come with them."
● Daily notes reflected the care people had received and were informative and appropriately detailed.
● Care plans contained information about the support people needed to access and understand information. For example, if they needed reading glasses or hearing aids. This showed the service was working in line with principles laid down in the Accessible Information Standard.
● The registered manager ensured staff were aware of any changes in people's needs. Staff were updated by phone or in person if there were any changes to how care needed to be delivered.
● People and relatives told us any changes in people's needs were quickly highlighted and changes made appropriately. Examples included; "When we needed to step up things, I rang and [registered manager] came straight away to assess things, no problem" and "My son became ill and I had to go to him. I called [registered manager] and she dealt with it straight away, she came out herself to do his care. They never say they are short of staff or can't do this and that."
● Some people needed additional support with aspects of their care to keep them healthy. For example, some people did not always eat or drink enough. Care plans guided staff to; "Be vigilant" and report any concerns to the registered manager. There were no systems in place to record what people had eaten and/or drank or guidance on how much people should drink. This meant staff might not identify when the risks to people's health was increasing.

We recommend the provider seek advice and guidance about the use of monitoring records to help ensure changes in people's health are quickly highlighted.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place which guided people on the action to take if they wanted to raise a concern. This was available in large font.
● People told us they had not needed to complain and were confident any issues would be dealt with. Comments included; "No complaints. I probably have a complaints procedure in the brochure but can't see

why I would want to use it" and "No complaints. If something is not right, I tell them when they come in, just little things like not having filled the kettle."

End of life care and support

● An end of life care plan format had been developed to record people's wishes at this period of their lives. No-one was receiving end of life care at the time of the inspection.

● The registered manager was actively seeking training to enable staff to support people at the end of their lives.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and nominated individual were both frequently involved with the delivery of care. This meant they were very aware of any issues affecting the service and were able to lead by example.
- It was clear in our discussions with the manager that they had a comprehensive knowledge and understanding of people's needs.
- Staff were highly complimentary about the registered manager. Comments included; "Open", "Very, very good", "Knows the clients well so understands what's going on" and "Lovely, everyone adores her."
- The registered manager spoke of the importance of retaining good staff to provide consistent care. They commented; "It's got to work for the clients and the staff. If staff aren't happy they won't do their jobs well." A member of staff told us the service; "Put the safety of people and staff as a priority."

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

- The registered manager and nominated individual were the owners of the service. They were committed to delivering a solid and reliable service to people in the local area.
- The registered manager told us they wanted to remain a relatively small service so they could stay involved with the delivery of care and retain an understanding of the needs of people using the service and staff.
- Records were well organised and up to date. The registered manager had clear oversight of the service.
- The ratings and report from our previous inspection were displayed in the office.

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

- There were systems in place for gathering the views of people using the service. The registered manager had identified people were reluctant to fill out surveys. They had introduced a questionnaire which care workers took to people's homes and helped them to complete. Results from the most recent questionnaires were positive.
- Regular staff meetings were held to discuss individuals needs and working practices. These were arranged to help ensure all staff were able to attend.
- Staff and the registered manager had completed training in equality and diversity. No-one reported feeling discriminated against. Staff described occasions when their home lives had made it difficult for them

to attend work. They told us the registered manager was always supportive and flexible.

Continuous learning and improving care

● Records were paper based and updating care plans was time consuming. The registered manager was keen to invest in electronic systems to improve the delivery of care but there were no firm plans in place at the time of the inspection to advance these improvements.

● Staff told us some aspects of the service were not always well organised. The example most commonly referred to was that rotas were not often provided to them until the day before. People and relatives told us they were not provided with rotas so they would know who was due to visit. While this was not a concern for people some commented they would appreciate the information in advance.

● Regular audits were completed on all aspects of the service.

Working in partnership with others

● The registered manager was aware of the danger of small organisations becoming isolated. They actively sought ways to engage with other organisations in order to keep up to date with any developments in the sector. For example, they attended local study days.