

Home Comfort Services (Fylde) Limited

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Inspection report

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09 August 2018

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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

The inspection visit at Home Comfort was undertaken on 08 and 09 August 2018 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

Home Comfort provides personal care assistance for people who live in their own homes. The office is based in a residential area of Lytham St Annes.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people who live with dementia, physical disability or a sensory impairment.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Home Comfort registered as a new service on 11 May 2017. Consequently, this was their first inspection.

During this inspection, people and relatives told us they felt safe whilst using the service. Staff understood the importance of people's safety and security. One staff member said, "When I see the clients are safe and happy to see me, its lovely. That's where I get my reward from." Staff files we saw confirmed staff had safeguarding training to protect people from poor care or abuse.

Staff records contained required documentation of their recruitment to ensure they were suitable to work with vulnerable adults. We found staffing levels were sufficient and the service consistently deployed staff to meet people's needs. A relative commented, "My [relative] has a small team of five and they have quickly established good relationships."

Care records contained risk assessments to guide staff about protecting people from unsafe care in their own homes. The provider was clear about what action to take should an accident occur during the delivery of care.

When we visited a person in their own home we found medication was stored safely. We observed staff checked stock and dispensed medication in line with national guidelines. Care records covered the person's support needs and control measures to minimise associated risks.

Staff stated they had guidance to carry out their duties confidently and effectively. People said they found their staff team were experienced. A relative stated, "I'm reassured the staff know what they are doing."

People's care plans contained relevant information about assisting them with meal preparation. These were detailed to guide staff about the person's nutritional needs and how to support them. A person who used the service told us, "They cook me nice meals, the carers are very good at that."

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 supported this practice. Care files we looked at contained people's recorded consent to care and support.

We observed staff had a caring approach and people we spoke with said they were respectful during care delivery. Information in care plans consistently referred to people's dignity and respect. Records focused on the maintenance of their independence. A person who used Home Comfort said, "They recognise my independence is important and do what they can to help me progress."

People told us their care was personalised to their individual needs. They said this was because staff had developed good relationships with them and taken time to get to know them. A relative told us, "Home Comfort reassured me they would be able to provide everything [my relative] needs and they have not failed to deliver. It has restored my faith in these sort of services."

We found the management team had good oversight of care delivery through quality assurance systems. We saw action was taken to address identified issues and maintain everyone's safety. Staff told us the management team were supportive and engaged well with them. A staff member said, "They are good managers, very supportive and it feels family-run."

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.

Records we reviewed contained required documentation related to staff recruitment. We found adequate staffing levels meant there had been no missed visits.

We found communication systems held at people's homes were effective in retaining their welfare and safety.

The management team provided training and reviewed staff skills to ensure they administered medicines safely.

When we discussed safeguarding principles with staff, we found they had a clear understanding of reporting procedures.

Is the service effective?

Good ●

The registered manager provided a range of training to support staff in their roles.

Where people who used Home Comfort required support with meal preparation, care plans contained relevant information.

When we discussed the principles of the MCA with staff, we found they had a good understanding.

Is the service caring?

Good ●

The service was caring.

To enhance continuity of care, the management team matched people with staff who shared similar interests and personalities.

Staff understood how involving people and their relatives in support planning was essential to the maintenance of high standards of care.

Is the service responsive?

Good ●

The service was responsive.

People told us the service responded to their needs, including when these changed.

Care planning was personalised to people's individual needs and focused on helping them to retain their independence.

People said they had information about how to make a complaint if they chose to and relevant procedures to follow.

Is the service well-led?

The service was well-led.

People and relatives were complementary about the organisation of the service and felt there was strong leadership.

The management team regularly completed service audits to check everyone's safety and wellbeing.

Staff told us the management team were supportive and they felt valued as employees of the service.

Good ●

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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.

The inspection team consisted of one adult social care inspector and an assistant inspector.

Before our announced inspection on 08 and 09 August 2018, we checked the information we held about Home Comfort. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived in their own homes. We also contacted other health and social care organisations, such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced using Home Comfort.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about this service. They included three people who used Home Comfort, four relatives, three staff and two members of the management team. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to four people who had received support from Home Comfort and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

Everyone we spoke with expressed feeling safe and comfortable whilst using Home Comfort. One person told us, "I feel safe because the agency has worked really hard at building a trusting relationship with me." A relative commented, "I am so reassured about [my relative's] safety." Another relative said, "They keep [my relative] safe. That's paramount." A third relative told us, "My [relative] fell at Christmas and I found Home Comfort went above and beyond. They immediately made her safe and the managers rallied around."

Staff records we reviewed contained required documentation of their recruitment to ensure they were suitable to work with vulnerable adults. This included references and criminal record checks from the Disclosure and Barring Service. About their recruitment, one staff member said, "[The management team] were very professional. I did not start until after they got my DBS and references." We found not all files held a full assessment of each candidate's employment history. When we discussed this with the management team, they assured us they would review this as a priority, including introducing staff file auditing. During the inspection process following our visit, we were provided with evidence to demonstrate this had been addressed.

We reviewed staffing levels and how the service consistently deployed staff to meet each person's needs. People and relatives told us they received care from staff they had built up a relationship with. A relative said, "There are only three or four carers that support [my relative]. It's so good because he really does get to know them. That's down to the good levels of staff they employ." Staff confirmed staffing levels were sufficient because they had time to complete visits in a calm and unhurried way. One staff member commented, "In my opinion, there are plenty of staff to support everyone we work with. We have plenty of time to just sit and chat with the client." The registered manager had a good system to ensure care packages were delivered on time and for the agreed length of visit. One person told us, "I have always had the full time we agreed. Even when they are late, which is very rare, they stay for the full hour."

The registered manager told us they were very keen to improve the service through lessons learnt. They gave an example related to people's care plans, which they developed over time and included the person and their families. They added, "It is a really good way of thinking about what we could do better or differently. Then we can make changes from our learning so that the person's care is continuously improving."

Care records contained risk assessments to guide staff about protecting people from unsafe care in their own homes. These included hazards associated with medication, meal preparation and falls. They reviewed potential causes, impacting factors and the level of possible risk. Records included reduction steps to reduce the occurrence of risk. A relative told us, "My relative had a fall and [a member of the management team] was out having a meal when we called. He came out straight away and I thought that was very good. It eased my worry." We noted risk assessments did not always fully guide staff about actions to mitigate risk. We discussed this with the registered manager who assured us they would continue to develop their risk assessments as a priority.

We found communication systems held at people's homes were effective in retaining their welfare and

safety. For example, recording logs notified relatives and staff about maintenance issues. We saw these were followed up and documented when completed. The provider told us there had been no accidents or incidents involving staff and people who used the service. They were clear about what action to take should an accident occur during the delivery of care.

We observed staff washed their hands immediately after entering people's homes and before starting tasks. They told us there was sufficient personal protective equipment, such as disposable gloves, to maintain good standards of infection control. One staff member said, "Yes, we have plenty of protective equipment." People we spoke with confirmed staff practiced good hygiene standards. A relative commented, "They always wash their hands before they do anything. I'm happy with the cleanliness of the staff."

When we visited a person in their own home we found medication was stored safely. Staff checked stock was correct and we observed they ensured the medicines dispensed matched up to the medication record. They also checked the person took them before signing. This was good practice in safe administration, which followed national guidelines. We found records gave clear instruction and there were no gaps on medicines charts we reviewed. Care records covered the person's support needs and control measures to minimise associated risks. A relative said, "They support with [my relative's] medication. Without fail, she always gets this on time."

The management team provided training and reviewed staff skills to ensure they administered medicines safely. A staff member said, "Medication is a dangerous procedure, so we have to make sure we are well trained and do it correctly for [the person's] safety." The registered manager regularly completed a medicines audit to assess the safety of related procedures.

Staff files we looked at confirmed staff had safeguarding training to protect people from poor care or abuse. When we discussed relevant principles with them, we found they had a clear understanding of reporting procedures. One staff member stated, "If I was concerned about something I would ring the office, social services and CQC."

Is the service effective?

Our findings

We found evidence the management team referenced current legislation, standards and evidence-based guidance to achieve effective outcomes. People and their relatives told us staff were well-trained and experienced in their duties. One relative said, "It's crucial they have an excellent understanding of dementia so that my [relative] gets the pertinent care. I have found all the staff that attend have been very experienced." Another relative added, "Yes, the staff are really well-trained, which gives me a lot of confidence when they support my [relative]."

Evidence we saw showed new staff had in-depth induction to their role. A staff member who had recently started working at Home Comfort said, "My induction was good. I felt very confident by the time I started supporting clients." The registered manager provided a range of training to support staff in their roles. This covered, for example, dementia awareness, first aid, manual handling, health and safety, personal care and communication. Staff stated they had guidance to carry out their duties confidently and effectively. One staff member told us, "I am currently doing the care certificate. The training and support you get at Home Comfort is really good."

The management team strengthened staff skills and support through supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. They covered, for instance, personal care, confidence and further training needs. A staff member said, "We get very good supervision. [A member of the management team] meets me regularly and shadows me."

We found Home Comfort had good use of technology to benefit people who used the service. For example, they had a live system to monitor the start and end of care visits. This consisted of an application on staff mobile phones, which they were required to swipe on entry to people's home. Everyone who used Home Comfort had a unique code. This enabled the management team to check people received their care packages and act where staff had not begun visits. They knew where each employee was and could advise people if they were going to be late. One person told us, "I am amazed at their use of technology. They have this app on their phones and use it when they come to confirm they have arrived and again when they leave."

We reviewed how the management team identified and met the support and communication needs of people with a disability, impairment or sensory loss. Care records included information about whether the person had communication needs and how staff should assist them.

Records held at people's homes showed good communication between people who used the service, relatives and staff teams. This ensured everyone was kept up-to-date about changes to care planning and health. For example, we saw one person complained of pain, which staff monitored to ensure their health improved. We saw instances when people were referred to a GP when concerns necessitated this. One staff member said they had good training to assist them to deal with emergencies and manage people's changing needs. They added, "I know what to do if someone suddenly became poorly. We have to remain

with the client until the ambulance arrives. That's right because it can be very distressing for people." People we spoke with told us Home Comfort were supportive in the continuity of their care. A relative said, "[The registered manager] attended and it was very reassuring to me because she explained things, like when the [occupational therapist] was here, what treatment she was advising."

Where people who used Home Comfort required support with meal preparation, care plans we saw contained relevant information. These guided staff about the person's nutritional needs and how to help them. Information focused on people's choice and promoted their independence. A relative stated, "My [relative] is not eating much at the moment, so the staff are very good at encouraging him to improve his diet, especially by giving him what he likes." Staff told us they had training to assist them to provide a personalised and safe approach to meal preparation. One staff member said, "I am confident about providing a meal safely and following hygienic procedures. When I arrive, I look in the fridge and will then ask what the client wants to eat."

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection (CoP).

The registered manager told us none of the people they supported required a DoLS or CoP to safeguard them. Staff files held evidence to confirm staff received training. When we discussed the principles of the MCA with staff, we found they had a good understanding. One staff member gave us an example of where a person may decline their medication. They added, "If the client refused I would respect their decision, document this and inform the office." Home Comfort supported people who lived with dementia and implemented systems and practices to maximise their wellbeing and awareness. For example, staff recorded each day on a wipe board the team members who would provide the person's care. This gave them reassurance about who to expect. A staff member said, "[The person] can often forget due to his dementia. It really helps him to know who is coming in advance so that he feels safer and better prepared."

Care files we looked at contained a 'client agreement' form. This stated the agreed package of care between the person and Home Comfort, such as fees, visit times and support needs. The document was signed by each individual and a staff member. A person who used the service said, "They never take over or do something I'm not happy with."

Is the service caring?

Our findings

We observed staff had a caring approach and people we spoke with said they were respectful during care delivery. One person told us, "Yes, I am very happy with the staff. They are friendly and really care about me." Another individual stated, "They respect the fact that they are coming into my home and are very careful as they move about." A third person added, "They are very caring, patient and help me with a lovely touch." A relative commented, "The carers are lovely."

Home Comfort previously provided a companionship service, but then registered with CQC to develop personal care. The registered manager told us they decided to grow the service to meet people's changing needs. They added, "We didn't want to build up that relationship and then hand them over to another service when they deteriorated." To enhance this continuity of care, the management team matched people with staff who shared similar interests and personalities. One person commented, "I was so pleased when [the registered manager] reassured me they would match a carer to me more on my wavelength. The continuity of staff has been amazing."

The registered manager provided information for people about how to access advocacy services. Advocates provide independent support for those who may require assistance to express their views. Pointing people towards advocacy services helped to promote their rights to make decisions about their care and support.

Information in care plans consistently referred to people's dignity and respect. When we visited a person in their own homes, we saw staff were kind and respectful. They knocked on people's doors and called out before entering their home to reassure them. An individual who used Home Comfort told us, "Oh yes, the team I have supporting me are always good at keeping my privacy and dignity. They are very sensitive when they help me have a wash." We observed staff were courteous towards family members and encouraged them to participate in care and support. A relative told us, "They look after me too. The package of care is for us as a whole family."

We observed staff engaged with people who used Home Comfort on their level, using eye contact and soft, gentle tones. One person told us, "The staff are really skilled at talking with me on my level. It's a tricky thing to get communication right and they support me in a caring and knowledgeable way." Staff demonstrated a good understanding of the importance of getting to know people to develop caring bonds between them.

The registered manager and staff understood how involving people and their relatives in support planning was essential to the maintenance of high standards of care. A person who used Home Comfort stated, "We sat down and agreed what I needed right at the beginning. The staff follow my care plan well." Records included agreed packages of care that reflected people's input to maintain their independence and desired outcomes. This demonstrated the service had the person and their family at the heart of care provision. A relative said, "Yes, we're fully involved in the care. The manager came and visited us at the beginning and discussed what we needed."

Without exception, everyone we spoke with confirmed staff treated them as individuals and provided care

personalised to their needs and personalities. Staff checked and documented their cultural, religious, gender and social requirements and assessed these against the agreed packages of care. The management team provided staff matched to people's different personalities and interests. They checked, for example, the person's preferences in relation to the gender of staff. Staff files we saw held evidence to confirm staff received equality and diversity training to underpin their related skills.

Is the service responsive?

Our findings

People told us the service responded to their needs, including when these changed. One person said, "I was so poorly, but through the patient support of the carers I have improved dramatically." A relative stated, "We swapped to Home Comfort and it was such a relief. The difference was massive and my relative is now improving." Another relative added, "[My family member] was so poorly and they have made a massive improvement in her health and her life."

One person said they felt anxious using services for the first time and how staff would deliver their care package. "There are so many ramifications to this because if I didn't get the right sort of staff, how was I going to work with them and be supported in the way I would like?" They added they were pleased with their care because staff had developed good relationships with them and taken time to get to know them. We saw staff had good, friendly communication skills. They clearly knew people and how to approach and engage with them.

To strengthen the personalised approach to care, the management team documented people's preferences and background history. The purpose of this was to assist staff to get to know them and their wishes. This included the care package agreement, people's choice about gender of staff member and their meal preferences. One relative said, "We had a fully detailed script of [my relative's] care. The staff were also given this to make them aware of what [my relative] needs and help them understand how she likes things done."

Care records included an assessment of people's physical, emotional and social support needs. These covered, for instance, medication, mobility, wellbeing, medical history and personal care. The focus of care planning was upon maintaining people's independence through assessment of their skills and ability to self-care. One person who used Home Comfort said, "I am getting my independence back and I am even reducing the number of evening visits I have in a week."

We saw evidence of the management team involving people in the review of their care. A relative told us, "We have regular contact. They check if it is ok to make any changes to the support my [relative] needs." When changes in people's health occurred, this was reflected in their care plans. We found the management team endeavoured to keep staff up-to-date through good communication systems. One staff member commented, "As soon as I get back from leave, [the registered manager] lets me know if there are changes. It's so helpful because I know what I am doing and how [the person] is doing."

People and relatives we spoke with told us Home Comfort had provided good end of life support. One relative said they had a poor experience of other services in the past and were relieved to find Home Comfort lived up to their expectations. They added, "My [relative] ended up dying in peace and with staff who really cared. They even attended her funeral, all the team and [the management team]. How great is that?"

The registered manager endeavoured to match care staff against people's personalities and interests. One person confirmed, "I have one carer who enjoys knitting, which I love doing, so we sit together and do that."

Staff said they were strongly encouraged to spend time to sit and socialise with people and their families. When we visited one person in their own home we were told it was their birthday. We saw a wipe board that included a message to celebrate this event. Additionally, staff signed a birthday card and greeted them with well wishes on arrival. A relative told us, "They take [my relative] out for a pint. They really do have the time to sit and talk to my [relative], which is such a support for his mental welfare."

The provider also invited people who used the service, relatives, staff, other professionals and the general public to their bi-monthly 'Forget-me-not' café.' These sessions were provided in a local café with drinks and snacks and enabled individuals to get together and socialise. They signposted people to a variety of agencies and provided guidance about different aspects of care. This demonstrated the provider assisted people to engage within the local community.

People told us they were provided with information about how to make a complaint if they chose to and relevant procedures to follow. One person said, "I don't have any complaints, but if I did I would know how to because they told me about it." We found staff were knowledgeable about dealing with complaints, including escalation actions. One staff member stated, "If someone was unhappy about something, I would sit down with them and talk about it calmly. I would then report this to [the management team]."

Is the service well-led?

Our findings

People and relatives were complementary about the organisation of the service and felt there was strong leadership. One person told us, "I have a good relationship with the managers and feel they would deal with anything methodically and quickly." A relative said, "The management of Home Comfort is very good. They have got things right from the start."

We found the management team had good oversight of care delivery through quality assurance systems. They based this around providing personal care in support of the care team. The registered manager commented, "We do this to get a good feel for what's going on and use it as a continuous spot check of how staff are and how they are providing care." Additionally, the management team had a live system to monitor care delivery times. The use of technology enabled the management team to check people received their agreed packages. Since registering with CQC, there had been no missed visits, which indicated monitoring procedures were successful in identifying issues before they arose.

The management team regularly completed service audits to check everyone's safety and wellbeing. Areas monitored included personal safety, care records, training and medication. We saw action was taken to address identified issues and maintain good quality assurance at Home Comfort. For example, one audit found staff were not always following recordkeeping standards and the registered manager followed this up through staff memos.

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe. These included Age UK, the Alzheimer's Society and health and social care agencies.

We noted the management team had a variety of systems to obtain feedback from people and relatives about the quality of their care. A person who used Home Comfort told us, "The managers often ask me how things are going. It's very reassuring to know they are checking they are doing a good service." Comments we saw included, 'The word "caring" needs more people like you. Keep up the great work' and, 'I have been using Home Comfort Services for a few weeks now and I have found the team there absolutely fabulous.'

Staff told us the management team were supportive and they felt valued as employees of the service. One staff member said, "I have never felt so valued as an employee since coming to Home Comfort. I mean, we even get spa treatments when we have really achieved something." Another staff member stated, "I really enjoy my job and I am very happy in my work. Both the managers are there whenever I need them."

The management team provided good communication systems to ensure staff were able to raise concerns or make suggestions about improving the service. This included regular team meetings and electronic messages. A staff member confirmed, "The communication between us and [the management team] is really good. We constantly get emails about any changes in the clients' care or if there is some new guidance or policy." We saw memos included information about good recordkeeping, use of technology in place and new procedures. Another staff member stated, "We get lots of emails. I like that because it keeps me

informed about different things."