Mrs Victoria Burston

# Comfort Home Care

## 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

Comfort Home Care was registered with the Care Quality Commission (CQC) in September 2016 as a domiciliary care agency. The service provides personal care to a range of older adults and younger adults living in their own houses and flats in Tiverton and the surrounding rural areas. These included people living with dementia, a physical disability or sensory impairment.

This was the first inspection of the service. The comprehensive inspection took place on 2 and 5 February 2018 and was announced.

There were 54 people receiving a service from the agency. Although the majority of people using the agency received a regulated activity, some received support visits only. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The time of visits ranged from 30 minutes to one hour, with the frequency of visits from once a week to five times a day. There were four people who required two care staff at each visit to support them. There were 25 full and part-time care staff employed.

The service does not have a condition on its registration with CQC that they required a registered manager. However the provider had decided in the interest of good governance that the manager apply for registration. The manager had undertaken their fit person interview with CQC and were awaiting the outcome. A registered manager is a person who has registered with CQC to manage the service. Like registered persons, 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. Since the inspection the manager has been registered with CQC.

People using the service, their family members, staff and health care professionals were happy with the care and praised the service provided. People were protected from abuse and harm because staff had a good understanding of how to respond to concerns. All of the management team provided personal care to people.

People received a service from staff that were recruited, trained and supported to provide a safe and effective service. All visits had been met and people were informed if a care worker might be late. Risks were assessed and managed in a skilled way to promote people's welfare.

People received their medicines as needed and the service sought any health care advice from health care professionals.

People's legal rights were upheld. They were involved in all decisions about their care, which was regularly reviewed. 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 workers had received training on the Mental Capacity Act 2005. They ensured people were asked for

their consent before they carried out any care or support.

The agency provided a service which was caring, respectful and promoted people's privacy and dignity.

People had confidence that any issue or complaint would be handled in their best interest.

The provider and manager were experienced and led by example. People's views were regularly sought, checks made on the standards of care provided and the importance of continual improvement understood and followed through.

## 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.

Risks were assessed and managed in a skilled way to promote people's welfare.

People were protected from abuse and harm because staff had a good understanding of how to respond to concerns.

Sufficient staff were available to ensure people were cared for in a safe way.

There were recruitment arrangements in place to check if staff were safe to work with vulnerable people.

Medicines were managed effectively so as to promote people's health.

There were good infection control measures in place.

### Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well and staff supported people to access healthcare support if required.

People's legal rights were protected because staff had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

### Is the service caring?

Good

The service was caring.

People who used the service were supported by staff who had built trusting relationships with them.

People were treated with respect and their dignity was promoted.

People, or their representatives, were involved in decisions about their care. Their care needs were fully understood and taken into account.

## Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed and care plans were produced identifying how to support people with their care needs.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the provider and acted upon.

## Is the service well-led?

Good

The service was well led.

The leadership and management of the service was good. There was a well organised management team who had clear roles and responsibilities.

Care staff were motivated, passionate and proud of their jobs. Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

A number of effective methods were used to assess the quality and safety of the service people received.

# Comfort Home Care

**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 visits took place on 2 and 5 February 2018 and were announced. We gave the agency three days' notice of the inspection visit because the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This was a routine comprehensive inspection carried out by one 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.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the agency, such as notifications. A notification is information about important events which the service is required to tell us about by law.

We sent questionnaires to people with knowledge of the service to obtain their views about the care provided. Of 15 questionnaires sent to people using the service there were 10 responses. Of 15 questionnaires sent to people's families or friends there were no responses. Of 15 questionnaires sent to community professionals there were four responses.

During our inspection we spoke with eleven people who used the service or their family representatives. We visited three people in their own homes. We spoke with seven staff which included the provider, manager, deputy manager, office assistant, senior care staff and care staff. During the inspection we spoke to a trainer who was visiting the agency's office to support staff to obtain their higher health and social care qualifications.

We looked at three people's care folders, three staff files, at medicine administration, health and safety and the monitoring of quality. We looked at the agency's survey results, staff training and records of staff meetings. We also reviewed policies which related to the running of the agency

We contacted 12 health and social care professionals and received responses from six of them.

Good

# Is the service safe?

## Our findings

People felt safe because staff treated them well. Comments from people and their relatives included when asked, "They are wonderful. I can't fault any of them"; "They are very nice girls. They are very good with him" and "There are several different ones. They all ask if there's anything else they can do. They are very obliging. Lovely girls." Health and social care professionals had no concerns about the service. One commented, "I always felt confident when referring to Comfort Care that the care/support they offered would ensure the safety of the client/s involved."

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority safeguarding team, the police and to the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. The management team understood their safeguarding roles and responsibilities. They knew the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. Health and social care professionals confirmed there was good communication with the management team.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management and moving and handling. The provider's 'general risk assessment checklist' looked at adequate lighting, uneven flooring and slippery surfaces. They assessed heating and whether rooms were well ventilated and temperatures comfortable. In each person's care folder there was an emergency contact list which included information about the location of people's utilities and main switches in the event of an emergency. For example, the location of the stop cock.

Safety measures had been put into place for staff who were lone working. The provider had a lone worker policy. The manager produced a weekly newsletter for staff called 'Comfort Home Care Crier' which kept staff informed of up to date news and changes. In a recent article staff had been reminded how to stay safe. For example, stick to well-lit areas, ensure their mobile phone were always fully charged and always tell family and friends what time they should expect them back. The provider also provided torches, personal alarms and high visibility jackets to those staff who needed them.

People and relatives knew who to contact if they needed to get in touch with the service. The service used an on-call mobile out of hours. People had both of these contact telephone numbers in their care folders. People said, "I've only phoned that (telephone number) once when I was nervous about the shower. I was more than satisfied with how they responded", "They have phoned me, but I haven't phoned them" and "I have the mobile out of hour's number and the office number." The management team and senior staff took it in turns to provide management cover out of hours. The provider had a traffic light system to identify people at risk. Staff also confirmed they were well supported in the event of an emergency. One commented, "They are very good if I have a concern, I ring the office, can always get through, they are brilliant at answering the phone here. Can ring the on call emergency service if needed. I have known them come out to support me."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The deputy manager said, "We have carers who want to be carers, want to care. We do choose our staff very carefully. A good team of girls. They are good at reporting things back if any issues."

Care staff, people and their relatives told us there were always enough staff to meet people's needs. This included moving and handling and repositioning needs with the support of two staff members. The provider said they had recently recruited four new staff and had enough staff to meet their contractual obligations. They went on to say, "We have enough care staff, so we can be responsive, one of us can go out immediately if there are any concerns."

People received rotas weekly, which showed their visit time and the name of staff who would carry out each visit. People's comments included, "A week before we get the time sheets…who is coming and when" and "Yes, they will be regular. I have seen the same ones several times. Yes, there's a rota."

People and their families said staff arrived on time, stayed for the correct amount of time and never missed a visit. Comments included, "Always. Very rarely late. They have only been very late once and then (staff member) phoned", "Yes, I think so. It hasn't happened yet (being late). They are pretty well on time within five minutes", "Yes, they are very good", He has had no missed visits" and "It changes from day to day. They usually let me know. If not, they apologise. There have been no missed visits."

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. People were happy with how their medicines were managed by the service. Comments included, "Yes, it's in a dosset box, and they give it to me on a spoon", "They take my medication out of the safe on the table. They give it to me in a cup and I take it while they are watching. If not, they ask me if I have taken it" and "They sort me out. They put it in an egg cup, just the right size."

Staff had received medicine training and competency assessments to ensure they were competent to give out prescribed medicine safely. Staff were confident supporting people with their medicines. The management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked these records and found them to be completed appropriately by staff. The provider said they had to work with GPs to get people on a blister pack system to ensure safe administration of medicines. The management team had recently changed their prescribed cream administration records. They were reviewing their medicine administration records for medicines not in a blister pack to ensure the system was robust. They confirmed they were also reviewing their medicine policy to ensure it reflected current best practice.

Learning from incidents and investigations took place and appropriate changes were implemented. The management team had an overview of accidents and incidents within the service and looked at trends and patterns. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which impacted on people's safety.

Staff had completed infection control training, washed their hands regularly and used protective equipment, such as gloves and aprons to reduce cross infection risks. Care staff said they had plentiful supplies of gloves and aprons available. People confirmed staff wore aprons and gloves when supporting

them. Comments included, "Yes, gloves and aprons" and "Yes, they get fully protected." The manager had reviewed their infection control policy to ensure it reflected best practice guidance.

Good

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Health and social care professionals said they were confident staff working for Comfort Home Care had the required skills to meet people's needs. Comments included, "I am confident that the staff I know at Comfort Care have the skills and knowledge to support vulnerable people in the community. Had I not then I would not have referred to them", "No concerns, feedback from clients has been good and that the carers who visit seem to already have a good knowledge of the individual/client and what they are there to do. This is in contrast to other agencies when carer's arrive not seeming to know why they are there" and "I have witnessed them with clients and feel they are very competent in their moving and handling skills and feel confident that the clients are safe in their care."

The provider recognised that in order to support people appropriately, it was important for them to keep their staff skills up to date. This was confirmed by a trainer who said the provider promoted staff to do higher qualifications to progress their staff. Staff received mandatory training on subjects including: safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling, health and safety, food hygiene, infection control, dignity and respect and dementia. They could also undertake training on a range of topics specific to people's individual needs. For example, diabetes, mental health, continence, communication and record keeping. The manager said where staff struggled to get the required score for training; they supported them to complete the training. They went on to say that they had developed a case study training about dementia around a storyline on a television programme. They said staff had really engaged with the training. One staff member said, "I love training. I have said I would like to do mental health, which they are looking in to. They accommodate you as well here. They are good at that." Another said, "Training I like, it helps me do the job."

Newly employed staff undertook the Care Certificate (a set of standards that social care and health staff adhere to in their daily working life). The management team had, or were working towards, higher qualifications in leadership and management. Out of 25 staff 12 had a higher qualification in health and social care and seven were working towards one. Senior staff members were trained to deliver manual handling training and to monitor staff manual handling techniques during spot checks (visits to people's homes to ensure staff are delivering support appropriately). A relative spoke positively about the care staff. They said, "They are very good with him. He had a stroke and he gets very wobbly and a bit spaced out and they are very good with him. They understand they have to be behind him when he is walking as his sense of balance is upset."

Staff completed an induction when they started work at the service. The induction required new care staff to be supervised by more experienced staff. This ensured they were safe and competent to carry out their roles before working alone. One care worker confirmed they had shadowed a more experienced member of staff before they worked on their own. A senior care worker said, "They shadow several shifts, it is good for them to be hands on but they need to be supported."
Staff felt supported. They said communication between them and the office staff was good and they could

pop into the office at any time. In addition, they received support and feedback during unannounced 'spot checks'. The provider said they liked staff to have supervision after a spot check so it could be discussed.

Supervision and appraisal systems were in place to support members of care staff during which they were given the opportunity to discuss concerns, training needs and performance issues. These took place every three months or more regularly if needed. The provider said they would arrange to meet staff at a place of their choosing if it suited the staff member. This showed that the provider recognised the importance of staff receiving regular support to carry out their roles safely.

People were always asked to give their consent to their care, treatment and support. People had signed to confirm their agreement to the planned care . Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans were really useful in helping them to provide the appropriate care to people.

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. We checked whether the service was working within the principles of the MCA and found they were. Care staff received mandatory training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. Health and social care professionals were positive about the agency and the support they gave to people. One health care professional said, "When I was referring to Comfort Care I did so in the knowledge that I would be contacted promptly when the situation required it and that any relevant guidance would followed, which it always was." Another said, "They have contacted me promptly on occasions where their staff have encountered difficulties and are always happy to do joint visits etc. if suggested. Although I have only met a few of their carers I did find them to have a warm and pleasant manner with the clients. Their office staff … are always pleasant on the phone and happy to follow suggestions or advice and give appropriate feedback."

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Care staff reheated the meals and made sure they were within reach. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks. Where people were supported with their nutrition care, staff recorded and monitored their food and fluid intake. One person said, "They put it (meal) in the microwave or oven. I have usually got it ready for them. They make drinks – coffee usually – milk and water, which I usually take into the bedroom at night."

Good

# Is the service caring?

## Our findings

People and their relatives were positive about the care provided. Comments included, "101percent happy, we can't fault them."

People said they were involved in making decisions about their care and support. They told us their opinions were sought about how best to care for them and were listened to. Comments included, "They come in and say, what do you want done today? They always have a chat", "They say, is it alright to do your arms now? They are very professional", "They say, can we stand you up now, can I dry your feet?" and "I tell them, just give me a good scrub. They do ask, and I say, oh, just get on and wash me."

Staff treated people with respect when helping them with daily living tasks. Comments included, "They are always very polite, nothing is too much trouble. They don't hesitate; they just get on with the job." A trainer who observed care staff as part of their higher social care qualification said, "I have observed brilliant relationships with my students and the people they were supporting." People confirmed staff referred to them by their preferred name. One person commented, "They started calling me Mr. but I prefer to be called (name). I don't like it too formal."

People and relatives said staff maintained people's privacy and dignity when assisting with personal care. For example, closing curtains, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. Comments included, "I am on bed rest at the moment and I wear a modesty cloth across me. They always make sure I am covered right up", "She (staff member) always makes sure the curtains are pulled", "They come in the bathroom with me (to give shower) but they are very good, they make sure the towel is in the right place" and "When they are transporting him to the bedroom he is covered in towels. They shut all the doors when we have visitors, close the bathroom door when he is on the toilet." A care worker confirmed how they respected people's privacy and dignity, "I respect their space, when helping them on the toilet, I close the door and the curtains. The other day a service users visitors were there, so I asked them to move to another room."

Where people had a preference to the gender of the care staff that supported them this was arranged. For example one person said, "I didn't want male carers. It's in my care plan." A relative said, "I have already said that, I don't want a male carer for her. "

Relatives said they appreciated how staff were courteous to them and included them by having a chat with them each day when they visited. One relative said how much it meant to them enjoying a joke? Their comments included, "They always talk to me, have a laugh sometimes."

People spoke fondly of their regular individual care staff and how they had developed relationships with them. Comments included, "They are very good to me" and "All of the girls are pretty good. If a new one comes in they are pretty good, nice girls." In one person's home there was a bunch of daffodils on the table which a care worker had given to the person. The person said they loved having the daffodils and how kind the care worker always was to them.

People consistently said care staff helped them by doing extra things which mattered to them. For example, one person said "We put something on the stairs, they carry it down, it is little things but it helps us. They go the extra mile always ask if there is anything else you want."

Good

# Is the service responsive?

## Our findings

People received care which was person centred and responsive to their needs. People's care records were up to date and held personal information, including people's likes and dislikes. People and relatives said they were happy with how their or their relative's, health and social care needs were being met.

Initial assessments were undertaken by the management team prior to the service commencing. In some cases where an emergency support package was needed urgently, the management team ensured they gathered as much information as possible from the health and social care professionals involved. They ensured a full assessment was completed as soon as possible to ensure people had the support they required. A health care professional said, "I have also been present during the initial visit from the agency, the (deputy) manager visiting has taken time to put the individual at ease and get to know them a little before discussing the care package needs – I was particularly impressed when they met a young lady with a learning disability who was very nervous about meeting the agency, the worker really put time into the visit so she felt reassured."
Where possible, people had signed to confirm their agreement. Where people were unable to sign or be involved in their care plan, they were represented by their next-of-kin or power of attorney. The provider said they always requested a copy of people's power of attorney to ensure they held the required authority.
People and relatives confirmed they were regularly involved with reviewing their care plans. Comments included, "It gets reviewed. They are good on their paperwork. If I have got any queries at all you just pick up the phone and it's dealt with right away.  They are absolutely brilliant"; "It's reviewed every six months to a year. They always check it with me and my wife. My wife always tells them if the medication changes" and "They came and reviewed it not long back. They talked to (person) and asked him if he wanted anything done differently."

Staff knew about each person's individual needs. They said that information in peoples care records and information sent to their mobile phones supported them to meet people's needs. Comments included, "We have time to read them (care plans), if any changes we bring back to the office", "We check the care plans every day, things change so quickly. If we see a change we tell the office, it is changed straight away" and "Always read the care plans if a new client…get a better understanding of them." The manager said that if people's needs changed they sent block texts or to individual staff to keep them informed. For example a medicine change.

We looked at care records with two people and they agreed the care plans were accurate and reflected the support they received. People confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. The care folders contained summaries of the person, their career, family and past experiences and identified the relevant people involved in people's care, such as their GP. Each person also had a personal objective agreed with the agency. For example, to support them with personal care and nutritional needs.

The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was correct. Relevant assessments were completed and up-to-date,

from initial planning through to on-going reviews of care.

The deputy manager gave an example where the service had supported a person who had changed agencies several times. When Comfort Home Care took on the package the person had been refusing personal care for two years. Staff from the agency worked closely with this person and their family and they now had personal care regularly. They said, "It was a massive achievement, we found the right approach."
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The provider gave an example where the staff had worked with a person who was diabetic. The person had been eating a very poor diet. Staff worked with the person and had took a Sunday lunch from the local community centre each week. Staff had also arranged more appropriate lunchtime meals with the person which they prepared.

The provider complied with the Accessible Information Standard by meeting the information and communication needs of people. The agency was supporting a person from abroad whose first language was not English. The manager had translated the persons care plans, complaints policy and contract. They had produced a list of translated words to help the person and staff communicate. They also translated the quarterly newsletter so the person would be kept informed.

Staff ensured they were able to communicate with people if there were any barriers. For example, staff supported one person who was hard of hearing. The provider said that staff had a meeting with the person's family about how best to communicate with them. The outcome was to look at the person's expressions and eye movements. A care plan had been developed which gave clear guidance to care staff on how to communicate correctly with the person.

Each person we visited had a care plan in place which was regularly reviewed and gave staff clear instructions how to support people. For example, care plans included people's personal details, personal background, likes and dislikes, equipment needed hobbies and interests and medical events which had led to needing the agencies support.

The service responded to people's requests. One person told us how they had fallen and lost their confidence (which did not happen when the agency was with them). They had phoned the office and requested a particular care worker to support them have a shower as they felt confident with them. The person said, "He (manager) has done his best to send the same person (staff member). I feel very confident with (staff member)."

The service was flexible regarding people's preferred visit times. People's comments included, "They are very accommodating", "It's fairly easy. It's very flexible" and "If I want to change it I get hold of them as soon as I can." The manager said that they supported a person who liked to attend church every Sunday. It had been arranged that care staff would go to them early to support them get ready to attend their church service.

The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. There was a complaints procedure in each person's care folder. This ensured people were given enough information if they felt they needed to raise a concern or complaint. People said they knew how to make a complaint. Comments included, "I would go straight to the lady that owns it. I haven't had cause to complain"; "You go through the right channels. There's no need for it (complaint) at the moment. I would try and sort it out with the office and the person concerned" and "Most probably I would get hold of (provider). I have got her number; I have got her office number. They are completely trustworthy and kind"

The agency supported people at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs were met in a timely way.

Good

# Is the service well-led?

## Our findings

People and their relatives spoke positively about the provider and how the management team worked well with them. They said they would be happy to recommend the service to others. Comments included, "They are good", "Yes, I haven't had any problems with them. At Christmas they gave us a Hyacinth in a pot, and a Christmas card" and "100 per cent."

The service does not have a condition on its registration with the Care Quality Commission (CQC) that they required a registered manager as the provider was the lead. However the provider had decided that they needed additional support and the manager had applied to CQC to become the registered manager. They had attended their fit person interview the day before our inspection. After the inspection they were informed that they had been registered with CQC. The provider said they spoke with the manager each day, "We have a complete update, where we are and moving forward. I oversee (manager) dealing with different situations and support him where needed." They and staff also confirmed they were at the agencies office each day.

The manager was supported by an experienced deputy manager who amongst their other duties took responsibility for scheduling visits with the administrator. The rest of the team structure included a care plan co-ordinator, administrator, senior care staff and care staff. The management team had good working relationships with all having their delegated roles and responsibilities.

People who used the service were very clear about who the provider was and how they could contact them. They also said they knew the names of the management team. They said they had confidence in the office staff and that they could contact them if they had any questions. Comments included, "Excellent communication", They are right on the ball", "I left a message once on the answerphone, I phoned out of hours" and "I manage to get through."

The provider was very passionate about delivering a good service and that it was important to get it right for each person they supported. This was represented by the provider's statement of purpose which said, "To provide person centred care and support in ways which have positive outcomes for service users and promote their active participation. We will continue in our mission to promote and support the rights, choices, independence and quality of life of our service users." These were reflected in the care practices demonstrated by staff working for the service.

The provider and manager were very active within the local community and keep up to date with best practice. The manager recorded in the Provider Information Return, "(Provider) is keen to become involved in local support organisations, and has close links to the Tiverton Alms house Trust, which support up to date best practice. Attending the League of Friends at the local hospital. The manager has subscribed to the monthly CQC newsletter to support best practice."

The agency worked in partnership with Devon Cares (a brand name of Northern Devon Healthcare NHS Trust, who was the prime contractor of home-based (domiciliary) care in Northern and Mid Devon. Comfort

Homecare were a level two tier provider and undertook care packages when required from Devon Cares.

Staff said they felt supported and valued and that there was good team working and an open culture at the service. Comments included, "If I raise a concern, they are very quick, they listen to you. I feel like we are a family here. They have time for you" and "The office staff are brilliant. Other places I have worked, there is the office, carers and the clients. The carer is always the middle man, here it isn't like that. They are hot on communication. We are appreciated they put an article in the paper it was really nice." The provider explained that after Christmas they had placed an advert in the local paper, thanking the staff for their hard work over Christmas period.

Healthcare professionals found the management at the service had good communication and acted in a professional manner. Comments included, "I can only say that if I did not believe Comfort Home Care was well led then I would not have agreed to answer your questions", "I have been very impressed with the personal approach by the manager to the clients", "When I have spoken with CHC (Comfort Home Care) office staff or manager their references to the individual and their care needs is always professional …even when the client has not been particularly easy to work with" and "I feel confident that they are a good agency."

The provider recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. People had been sent a survey to complete to share their views on the standard of care. People's views and suggestions were taken into account to improve the service. One person said, "Yes, we had a written questionnaire." Another said, "yes we have had a couple to fill in." The last survey completed in August 2017 had 18 responses returned out of 48 sent. All were positive and rated each question good and above. This was in relation to attitude of care staff, general appearance, respect shown, punctuality, reliability, adherence to care plans and completion of tasks. One person recorded, "Carers do their best at everything."

Staff said there was good communication between them and the management team; this included a weekly newsletter, regular team meetings and access to supervisions. They said the staff team worked well together and would help each other out to ensure people received a reliable service. The provider said, "We do not have (whole) staff meetings but do group meetings of carers from the same area with the same clients. We have a shared discussion about roles and accountability."

Quality assurance checks were completed on a regular basis. For example, the management team reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements were needed to be made. Where actions were needed, these had been followed up. Spot checks to people's homes helped the provider monitor that staff were supporting people appropriately in a kind and caring way.

Quality assurance checks were completed on a regular basis. For example, the management team reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements needed to be made. Unannounced spot checks were also conducted on each member of staff. This meant the management team visited people in their homes when staff were undertaking their visit. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. They specifically looked at: communication with people, infection control practices and the correct equipment worn, adherence to care plans, competency of care, manual handling practice, medicines, teamwork and appearance. At these visits they reviewed people's care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be identified and addressed to ensure the service was meeting the requirements and needs of people

being supported. Where actions were needed, these had been followed up. For example, care plans were reviewed and updated as required.