

Strode Park Foundation For People With Disabilities

ComCare

Inspection report

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15 February 2019

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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:

ComCare provides domiciliary care and support service for people living with a range of disabilities. The office is based in the grounds of Strode Park Foundation for People with Disabilities. The agency currently provides services in Whitstable, Herne Bay and Canterbury. The office was open during office hours, had designated office-based staff and there was a 24 hour on-call system. At the time of the inspection there were 49 people receiving a service. ComCare also provides an 'Outreach' service of support workers who support people for longer periods, for example, half and whole days.

People's experience of using this service:

People were very happy with the care and support they received from ComCare. Staff knew people well and people's preferences were respected. In addition, when people began receiving support from the service, staff were matched to them by shared characteristics such as; age or interests. The same staff supported people as much as possible as the provider understood that consistency was important for the people they supported.

People and their relatives were actively involved in developing their person-centred support plan and these were regularly reviewed with people to ensure they continued to meet people's needs. People were regularly asked for their feedback, through written surveys and verbally by staff. Every person we spoke to told us that they would feel confident and comfortable raising concerns with staff but had never felt the need to make a complaint.

Staff had the training and support to provide people with the support they needed. Rotas were sent to people each week, so they were aware of when their calls would be and with what member of staff - people told us that they found this useful. People were kept updated if staff were running late. People told us that staff had never missed a call, even during periods of heavy snow.

Most people did not need support with medicines. However, medicine checks were carried out for those who did require assistance to ensure they were given to people safely. Some people needed support with meals, but people decided what they wanted to have and be supported to do as much as they could for themselves.

People were supported to develop their skills and independence, such as; learning to cook, clean and use public transport. Every person we spoke to told us that staff was respectful of their privacy and dignity.

There were systems and processes in place to monitor the quality of the service provided to people and there was an open and transparent culture which encouraged people and staff to raise concerns and ideas to improve the service.

More information is in Detailed Findings below.

Rating at last inspection:
Good (published 17 August 2016)

Why we inspected:
The inspection was planned based on previous rating.

Follow up:
We will continue to monitor the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

ComCare

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector and one 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:

ComCare is a domiciliary care agency. Domiciliary care agencies provide personal care to people living in their own houses. This service also provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 14 February 2019 and ended on 15 February 2019. We visited the office location on 14 February to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality

Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains 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 three people's care plans. We also looked at a variety of different sources of information relating to these people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, and accident logs.

On inspection, we spoke with twelve people, five relatives and observed interaction between staff, the registered manager and people when we visited two people in their homes. We also spoke with the registered manager and three members of staff.

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

- People were protected from abuse. People felt safe in the company of staff. Staff understood the different types of abuse and signs and symptoms to look out for. There was a safeguarding policy in place which staff knew how to follow. Staff told us that they would be comfortable to whistle blow. Whistle blowing is the term used when staff pass on information concerning wrongdoing.
- One person told us; "I couldn't do without them. I look forward to them coming, I trust them one hundred percent and feel safe when they around."

Assessing risk, safety monitoring and management

- Risks to people continued to be identified and mitigated against. There was thorough guidance for staff to follow to reduce the likelihood of harm, and this was tailored to each person and their unique needs.
- People told us that they felt safe when staff supported them with transferring. Equipment such as hoists were checked by staff each time they were used, to ensure that the equipment had been serviced and was safe to be used. When equipment was due to be serviced, staff reminded people and supported some to arrange for a service.

Staffing and recruitment

- There continued to be enough staff to support people. People told us; "I have no concerns; they are very friendly and look after me really well."
- People were involved in the recruitment of new members of staff. Some had been through the induction and inhouse training and helped management to interview potential new staff.
- People were matched with staff with similar interests and personalities, and people could choose who they would like to support them, and this was accommodated as much as possible.
- Staff continued to be recruited safely and the relevant checks were carried out to ensure staff were safe to work with people. New staff underwent a thorough induction programme and then had a period of shadowing staff before they had the knowledge and confidence to support people alone.
- People were sent a copy of their call schedule each week, so people could plan their time in advance.

Using medicines safely

- Most people using the service managed their medicines independently. At the time of inspection staff were not supporting anyone to take medicines. However, they had done in the past and we saw that there was clear guidance for staff to follow. A medicine administration record (MAR) was used and checked daily by care staff and then reviewed weekly in the office to ensure that any errors were identified and resolved.

Preventing and controlling infection

- People continued to be protected from the spread of infection. Staff had appropriate training and were aware of how to prevent the spread of infection. People told us that staff were clean and presentable and used personal protective equipment, such as; gloves and aprons whilst supporting them.

Learning lessons when things go wrong

- Staff continued to record, investigate and reflect upon incidents and accidents. A recent incident had been thoroughly investigated and the registered manager was working with the person and staff to ensure the same concerns were not raised again.

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's support centred around their needs and preferences in line with best practise guidance. Each person had a support plan which detailed how they wanted to be supported.
- There was clear guidance for staff on how to support peoples physical and mental health needs.
- Staff assessed people's needs before they moved to the service to ensure they could be given the right level of care and support and their needs were reassessed through a series of reviews.
- A member of staff told us; "Before visiting people I read through their person-centred plan and any risk assessments they may have. Then I speak to them, ask for their particular requirements not just would they like to have a wash, but ask them about how they would like to be washed. I need to have background understanding before I go in there, it can be frustrating if they are having to explain themselves every time."
- A person told us; "I was asked, what I would like and how I wanted things done when I started with the service, this is reviewed regularly to find out if things have changed or if I'm happy with everything."

Staff support: induction, training, skills and experience

- At the previous inspection staff were not always having regular supervisions and competency assessments. This had now improved, and staff felt well supported by management. One member of staff told us; "We have regular supervisions, if I have any issues I know I can go to the office and can speak to the team leaders or registered manager."
- Training was extensive, and staff described it as "fantastic" and "phenomenal." A member of staff told us; "The list of training delivered by? Strode Park (the provider) is huge, staff can do whatever they want, that tailors to people and their needs." Most training was face to face, whilst some staff who preferred online training could utilise this as well.
- People told us that staff had the knowledge and skills to support them how they wanted to be supported.
- At the request of staff, the registered manager was also researching external training courses which would help staff to better support people with certain conditions.

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

- Most people supported by the service managed their nutritional and hydration needs individually or with family, however staff supported some people to prepare and eat meals.
- We saw in peoples care plans that there was guidance around how to support people with eating and drinking and for those at risk of choking. Staff were knowledgeable of how to support people.
- One person told us; "They are always making sure I eat and drink properly, I wasn't eating and drinking at one point and got really dehydrated. They supported me to gain and maintain my weight."
- Another person told us; "We go through a menu on a Sunday or Monday morning, I choose what I want

each day." Staff told us that the person was on a soft food diet and was working with dieticians to support them. Staff? tried to make food look more appetising, using moulds but the person always decided what they wanted.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live as independent, healthy lives as possible.
- Staff had good knowledge of people and their health needs and were quick to identify when people's health had declined. Staff told us that they contacted the relevant professionals when they noticed a person's health had rapidly declined and this kick started more intensive support for the person.
- Three members of staff had taken part in a local training to become 'Esther' ambassadors. 'Esther' is a model of care which supports people with complex care needs and promotes collaborative working between hospital, primary care, home care, and community care and always putting the person at the centre of service delivery.
- The registered manager told us; "We are on the front line, steering support for people. We act as a gateway, we steer them, via different health professionals such as; occupational and physio therapists."
- We saw that guidance and advice from professionals was incorporated in to peoples support plans, to ensure that staff were supporting people in line with professional advice and best practice.
- To promote consistency of care, the service tried to ensure that the same staff visited people so that they were comfortable in their presence and so staff had a good understanding of the person and their needs. After each visit staff told us they; "Journal everything we do" and a text message system was used to update staff about people, any changes in their physical or emotional health and anything else they may need to be aware of.
- Some people had hospital passports, however this was not always consistent. We discussed different options with the registered manager and they told us that they would introduce a new form and did so shortly after the inspection.
- People told us; "I'm sure Carers will call my GP if I ask them but there is no need as I can do this myself." Peoples relatives said, "They will call GP if their relatives were poorly."

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. We checked whether the service was working within the principles of the MCA.
- People made their own decisions about how they wanted to be supported and what they wanted to do and these choices were respected by staff. Staff were knowledgeable about capacity, consent and the MCA.
- Staff had recorded when people had power of attorney's, however staff did not know about deputyship and what this could mean for some of the people they support. We discussed this and staff told us that they would look in to this and add it to the pre-assessment and when reviewing people.
- We saw that people had capacity assessments and had signed consent for the use of hoists. The registered manager told us; "We do capacity assessments if we think there is a problem, but we do not always have the input professionals have, so we often steer the mental capacity assessment after noticing triggers like people getting more anxious. We inform professionals and request that they do the assessment."

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

Ensuring people are well treated and supported; equality and diversity

- People told us "They [staff] are very friendly and cheerful, they understand me, which is really great." Others described staff as; "wonderful," "very friendly," "very reliable and adaptable" and "very pleasant and efficient". One person told us; "[My carer] is fantastic: she does everything she should and sometimes she will do extra like put out the clothes from the washing machine if she has time, she is never rushing to get out of the house."
- Staff were knowledgeable of people and their likes, dislikes and preferences and it was clear when talking to staff that they genuinely cared for people they supported. Staff also maintained relationships with relatives and people who no longer needed the service. One member of staff told us; "Clients become part of the family, they are all special and individual."
- Staff supported people emotionally when necessary. One member of staff told us that a person felt anxious, but they couldn't work out why. They then noticed a flashing light in the persons property, the member of staff commented; "We had to think outside the box, maybe that is impacting on how they are feeling." Staff then explained what the light was and how to stop it flashing and staff told us that the person has displayed less anxious feelings around it since.
- Staff kept people informed if they were going to be a few minutes late and people told us that there had never been a missed call, "Even when it was snowing heavily." During this period, staff also made up bags of shopping, including essential items such as; milk and bread to take out to people who were particularly vulnerable.

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

- People took an active role in their care and support. Most people expressed themselves verbally and reviews ensured people could choose how they wanted to be supported and by whom. One person told us; "A manager came to ask me what I wanted done and the carers do exactly what I asked them to do."
- Some people had more difficulty expressing themselves verbally. One person had been supported to access a range of communication aids, electronic devices and picture guides but the person didn't want to use it. The person said "yes" when we asked if they would tell staff if they wanted to go back to using the aids and staff were prepared for this. It was clear when observing interactions that staff knew people and how they communicated their concerns and emotions well.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy and dignity, by closing curtains, shutting the door whilst providing personal care and talking through what they were going to do before they did it.
- Staff told us an important part of their roles and the services vision was to promote independence. One member of staff told us; "They do as much as they can themselves, I do not assume they can't do it, this then

helps to boost their self-esteem and self-confidence. They are in their homes to be independent."

- Staff told us how they have had to push boundaries ever so slightly with one person and they are now "Coming out of their shell. [Name] wouldn't leave his room, now going out on the bus himself – more confident person. [Person] does still get anxious but we are supporting them. They wanted to go to a place in Herne Bay, but wouldn't have gone alone, so we organised a way of meeting half way and then went together and now they have achieved something by going somewhere they wouldn't have gone to before."

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

- People's care plans were person-centred and described people's different physical and mental health needs. Some care plans contained details about people's likes, dislikes and preferences but this was not always consistent. The registered manager told us that this was an area they were developing.
- People had regular meetings and reviews with staff to ensure that the service provided was continuing to meet their needs. People and their relatives told us that they were involved in planning their care at the beginning and then it was reviewed regularly. One person told us; "We look through my care plan together and I sign to say I am happy with it."
- As people had a variety of needs, the number of visits varied from person to person depending on their level of need and what support they required. As a result, some staff visited people to support them with shopping or domestic duties, whilst others required intensive support with daily tasks and personal care. However, each person determined how they wanted to be supported and what they wanted to do during the carers visit.
- Some people were supported to go to local arts and crafts clubs, cat cafes, and holidays and others were supported to be kept comfortable at the end of their lives. People were central to the support ComCare provided.
- People went to college to learn and to teach. A person told us; "We teach student nurses and things. The group teaches care managers and health professionals how our disability impacts us, get paid for it too. I enjoy it, its interesting meeting different people. I think they get more of an understanding after going along."
- Another person was supported to go on holiday by themselves, staff spent time helped the person to book their taxis, trains and hotel, "Everything was done." They had also arranged for another to go to Euro-Disney on their own.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints. Every person we spoke to told us that they could ring the office if they have any concerns. One person commented; "They have a number if you want to ring up about any concerns or issues but there has never been any need for it." Another told us; "The organisation is very good; therefore, they have never ever had any concerns or made any complaints."

End of life care and support

- People were supported at the end of their lives and staff had the knowledge and skills to do so appropriately.
- Staff had end of life training and one member of staff had created an 'end of life booklet' for their colleagues, which contained lots of information and tips. Staff said how helpful it had been.
- People were asked about their end of life wishes, however more information could be recorded about this.

Staff told us that two people who recently passed were determined to stay at home and they did.

- On the day of inspection, staff were attending the funeral of a person they had cared for. The registered manager told us that they had sent the person's relatives a card and flowers and did so with every person who passed away.

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; and how the provider understands and acts on duty of candour responsibility

- People and staff praised the culture and management of ComCare. Most of the people we spoke to had been with the service for a long time. One person commented; "I've been with the company since 1991 and have used it for [three relatives] before. I have never had anything to worry about that's why I use this agency for [another relative] now, they have never ever let me down."
- Through speaking to people and staff and observing interactions it was clear that the small close-knit team knew people well and shared the same vision for the service to promote individuals' independence, wellbeing and choice.
- One Service user said; "I cannot fault them or criticise them in any way, they are very competent."

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

- The registered manager, provider and staff carried out a series of daily, weekly and monthly checks to monitor and maintain the quality of the care provided to people. The registered manager also conducted spot checks and competency assessments to ensure they continued to have the knowledge and skills to support people.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.
- The previous rating was on display for people visiting Strode Park Foundation to see.

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

- Every person we spoke to told us that they were asked for their feedback on the service provided by ComCare. People told us; "We are regularly asked for our views on the service, every few months. One service user commented; "In fact I have one here which I have to complete yet."
- People and stakeholders were also invited to meetings to share their knowledge and experiences. The provider also supplied a newsletter to people, their relatives and stakeholders to keep them updated of news and developments.

Continuous learning and improving care

- The registered manager attended a variety of local best practice forums such as; Kent Integrated Care

Association, Kent Community Care Association and local authority meetings. The provider also attended a host of conferences and events to keep up to date with the current and best practice. Information was then cascaded to staff through team meetings and via internal communications.

Working in partnership with others

- The provider, registered manager and staff worked closely with local organisations, agencies and health professionals to provide opportunities for people and to raise awareness of the provider's vision with the local community.
- They maintained a relationship with the local community by advertising for people and staff locally and held a variety of community events in the grounds, including; a Christmas Fair and Easter Egg Hunt.
- The provider, Strode Park Foundation also worked with local organisations such as schools, colleges, universities and the police for work experience and volunteering opportunities. The provider was also voted 'Charity of the Year' by many different organisations, including; Kent Police Male Choir, Herne Bay Football Club, the Lady Mayor and Herne Bay Bowls Club.