

Comfort Call Limited

Comfort Call (Salford)

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an announced inspection carried out on the 16 December 2015.

Comfort Call Salford provides domiciliary care services to people living in their own home and provides care services at four extra care housing schemes based in Salford. The service is registered to provide personal care. Care is provided for older adults, some who have deteriorating mental health. The office is situated in Barton Hall Business Centre, Eccles, which has adequate parking available.

There was a no registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The branch manager who had only just been appointed confirmed their intention to register as manager with CQC. They were present throughout the inspection together with the regional manager.

Summary of findings

At the last inspection carried out in July 2014, we did not identify concerns with the quality of care provided by the service.

During our inspection, we identified one breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), in relation to the safe management of medication. You can see what action we told the provider to take at the back of the full version of this report.

We looked at a sample medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. We found that records supporting and evidencing the safe administration were not always complete and accurate. We looked at medication administration records for the four people we visited in their own home. We found repeated signature gaps and omissions in these records, which covered the period October to December 2015.

We looked at the records of ten people who used the service, whilst at the office. We found repeated omissions/ signature gaps in three of these records. We looked at internal medication audits undertaken by the service and noted a theme of signature omissions during 2015. Though action was taken to address these issues with the individual staff concerned, we found that records failed to demonstrate that people had received their medication safely and in line with their prescription.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, because the service had not protected people against the risks associated with the safe management of medication.

The majority of people we spoke with who used the domiciliary care service told us they felt safe with their regular care staff and also felt their possessions were safe. However, some people told us they did feel safe at times when unknown care staff came to their house.

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Most people we spoke with told us that calls were generally on time, but several people also told us their calls were often late and that they were not informed by the office. Five people who we spoke with told us that they had experienced calls that were often significantly late.

People who lived in their own home told us they thought that their regular care staff were well trained, knew how to undertake personal care tasks and provided unhurried care.

New staff undertook an induction programme, which involved a period of classroom based training and shadowing of senior staff. New staff also enrolled on the 'care certificate' programme, which was a 12 week programme covering all aspects of adult social care.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We saw that the service managed supervision effectively by both office based interviews and 'spot checks' to monitor competency of staff.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing care file records.

People told us staff were kind and caring.

People also told us that regular care staff respected their or their family member's dignity and privacy.

Some people told us the care staff helped to promote their independence.

Some people we spoke with and their relatives felt that the care and support they received was not always responsive to their individual needs. A number of people who used the service told us they often did not receive support from regular care workers and they often had care from new or unfamiliar care staff, who didn't know their requirements. A number of people told us that the service didn't always contact them to say the care staff were late or had been changed.

Summary of findings

Most people we spoke with confirmed having been involved in initial discussions about their personal care requirements and had been involved in subsequent reviews, which they found helpful.

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints. Most people we spoke with knew how to make a complaint.

The service sent out questionnaires to people who used the service and their relatives. We looked at the service quality survey for 2015, which received a response rate of 33 percent. The service also undertook 'quality assurance telephone checks' and 'quality assurance visit checks,' which enabled people who used the service to comment on the quality of services provided and raise any concerns.

We looked at care files to understand how the service delivered personalised care that was responsive to people's needs. We found that initial assessments were undertaken to determine the needs of people. Care file records contained people's life story details and considered issues such as communication, memory issues, sleeping patterns and behaviour.

Whilst people who used the extra care housing scheme told us they thought the service was well-led, some people who used the domiciliary care services did not hold the same view. This was because of poor communication and what they perceived were problems with staff leaving, unfamiliar care staff, late calls and call time requests that could not be accommodated.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included telephone service quality checks and unannounced 'spot checks,' where people were invited to comment on the quality of the service they received. However, we questioned the effectiveness of medication audits in view of the issues we identified.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. We found that service failed to demonstrate that people had received their medication safely and in line with their prescription.

The majority of people we spoke with who used the domiciliary care service told us they felt safe with their regular care staff and also felt their possessions were safe. However, some people told us they did feel safe at times when unknown care staff came to their house.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

Requires improvement



Is the service effective?

We found the service was effective. People who lived in their own home told us they thought that their regular care staff were well trained, knew how to undertake personal care tasks and provided unhurried care.

New staff undertook an induction programme, which involved a period of classroom based training and shadowing of senior staff.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing care file records.

Good



Is the service caring?

We found the service was caring. People told us staff were kind and caring.

People also told us that regular care staff respected their or their family member's dignity and privacy.

Some people told us the care workers helped to promote their independence.

Good



Is the service responsive?

Not all aspects of the service were responsive. Some people we spoke with and their relatives felt that the care and support they received was not always responsive to their individual needs.

A number of people told us that the service didn't always contact them to say the care staff were late or had been changed.

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints.

Requires improvement



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. Whilst people who used the extra care housing scheme told us they thought the service was well-led, some people who used the domiciliary care services did not hold the same view.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included telephone service quality checks and unannounced 'spot checks,' where people were invited to comment on the quality of the service they received. However, we questioned the effectiveness of medication audits in view of the issues we identified.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

Requires improvement



Comfort Call (Salford)

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 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.

Before the inspection we reviewed information we held about the service. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and local commissioning teams. We also reviewed previous inspection reports and other information we held about the service.

This inspection took place on 16 December 2015 and was announced. We provided notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. We also conducted telephone interviews with people who used the service and staff on the 15 and 16 December 2015 to obtain their views of the services provided. The inspection was carried out by two adult social care inspectors from the Care Quality Commission and three experts 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.

At the time of our inspection there were 520 people living in the Salford area that used the service. We were told that 360 people utilised the domiciliary care services the company provided where staff attended people's own home to provide personal care. The service also provides care services at four extra care housing schemes, which was used by 160 people. Each scheme was run by an extra care scheme manager and provided staff 24 hours a day on the premises.

As part of the inspection, we spoke with 67 people consisting of people who used the service, relatives and friends. Nine of these people we spoke with used services provided by the extra care housing scheme. We also visited and spoke with four people in their own homes and visited two extra care housing schemes, where we reviewed records.

The service employed 106 members of staff within the domiciliary care service and 60 members of staff within the extra care services. As part of the inspection, we spoke with the regional manager, branch manager, clinical and support manager, two managers from extra care housing schemes, one senior coordinator, two senior care staff and 16 members of care staff.

During the inspection, we also spent time at the office and looked at various documentation including care plans, medication administrative records, staff personnel files, supervision records and service policies.

Is the service safe?

Our findings

The majority of people we spoke with who used the domiciliary care service told us they felt safe with their regular care staff and also felt their possessions were safe. However, some people told us they did feel safe at times when unknown care staff came to their house. One person who used the service told us that they had spoken to the office about the fact they were not happy with unfamiliar care staff coming to their house. They said “But I still get new ones just turning up.” One relative told us, “The evenings are worst. If someone you don’t know appears at your door when it’s dark, it can be frightening. I know they wear a uniform, but anyone could put a blue uniform on, couldn’t they.”

Other comments from people who used the domiciliary care service included, “I feel really safe with the carers who call on me. They are pleasant and very friendly and I think they do their best to encourage me to stay as independent as possible.” “I do feel safe with them and I am happy with the care I get.” “I need help with bathing, shopping and some meals. The carers arrive on time and tend to be the ones I expect. Because of this I feel I am in the right place here at home and don’t get anxious.” “I am happy with arrangements that keep me safe in my own home. All the support I get is done to a decent standard.” “I do get different people visiting me, but it doesn’t create big problems for me as I still feel grateful for the help.” “I have had help for a number of years now and the support has increased so now I have two helpers who come in three times a day. I like having them and feel comfortable in every way as long as it’s the regular ones who understand my needs properly. If the regular carers are off I don’t feel so comfortable. They have to ask me how to do things.”

Comments from people living in the extra care housing schemes included, “I love this place. I am very happy and despite having had a stroke I feel very secure and the staff are here to support me whenever I ask. If I call them they are here quickly so I don’t have to worry. I am still independent so they don’t have to lift me.” “I wear a pendant and if I push the button it tells them in the main building. They are here within two minutes.” “My husband helps me quite a lot so we don’t need as much support as maybe others do. I feel very safe here and have a buzzer round my neck in case I need help urgently. I’ve not used it yet. It did go off by mistake when I got it caught and you

know the carer was with me in less than five minutes.” “I am 100 percent happy with Comfort Call and frankly don’t need to tell you anything else. The staff are very kind and make me feel as if I’m in the best place I could ever be.”

As part of the inspection we looked at how the service managed people’s medicines safely. Before the inspection we received information of concern from the local authority in the form of a number safeguarding notifications from the service regarding late or missed visits and the impact that had on the safe administration of medicines. We were also informed that during early December 2015, the domiciliary care service were unable to provide care staff to cover tea time visits for some people. This resulted in the service contacting people who used the service or their families to ascertain if they could manage without a call. We spoke with a senior care coordinator about this matter, who confirmed that there had been four calls that the service couldn’t make due to staff sickness.

Most people we spoke with administered their own or their relative’s medication. Some people told us that care staff would check that they had taken their medication and this was done every day. One relative told us their family member’s medication was not always given on time.

We looked at a sample medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. We found that records supporting and evidencing the safe administration of medicines were not always complete and accurate. We looked at medication administration records for the four people we visited in their own home. We found repeated signature gaps and omissions in these records, which cover the period October to December 2015.

In one of the extra care housing schemes, we looked at the records of five people. We found minor signature gaps in two records we looked at. In the other housing scheme we visited, we looked at three medication records and found these to be up to date and accurate. However, the scheme manager acknowledged that they had experienced difficulties in ensuring staff maintained accurate medication records. As a result, they had introduced weekly auditing of records together with a ‘traffic light’ system to deal with staff to ensure improvements were made. We found this initiative was restricted to this housing scheme only.

Is the service safe?

When we returned to the office we looked at the medication records of ten people who used the service. We found repeated omissions/ signature gaps in three of these records. We looked at internal medication audits undertaken by the service and noted a theme of signature omissions during 2015. Though action was taken to address these issues with the individual staff concerned, we found that records could not be relied on to demonstrate that people had received their medication safely and in line with their prescription.

We spoke to staff about their knowledge of administering medication and training they had received. Staff we spoke with were able to confirm they had received training, which we verified from viewing training records. However, they also reported a number of concerns relating to the safe administration of medicines. One member of staff told us, "Loads of issues. You get to the service user and the carer will have signed for medication, but they are in the pack. I phone the office. There's missing signatures on the MAR charts all the time." Another member of staff said "Yes, this happens a bit. I get to a visit and it has been the evening and when I look at the pack the evening medication has been given in the morning, leaving the morning medication for the evening. I've rung the pharmacy and took advice. Some medications should only be given in a morning so I've clarified that. Then I ring the office and inform them."

Other comments from staff regarding the safe administering of medication included. "I've got to people loads of times in the evening and morning when medication hasn't been given. People are rushing or they've given medication out of the wrong day. I phone the office and report it. You can't give it later." "There have been issues with medication, no recording of whether meds have been given, but I know this is being addressed by the office." "There have been a couple of occasions when I visited and seen the carer has given medication and realised that not enough time has elapsed between doses. The main issue is missing signatures on MAR charts." "The only issues I've seen regarding medication is Friday's medication having been given instead of Thursday's, not that often. Usually when a new carer starts. You get the odd missing signature on MAR charts." "There are quite a lot of missing signatures on MAR charts." "Encountered some issues. Medication has been dropped on the floor and not

picked up and nothing written on the MAR chart or in the book. One lady had no medication in the pack and they were in plastic bags. I couldn't give them, because I didn't know what the tablets were."

One supervisor also told us, "MAR charts could be filled in better. If an issue, it's usually a missing signature or time. I would identify the carer and speak with them, conduct supervision and offer training."

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment, because the service had not protected people against the risks associated with the safe management of medication.

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place. We reviewed a sample of ten recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history, interview assessments and suitable means of identification. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding process used to manage any concerns and looked at the service whistleblowing policy. This provided guidance to staff on how to report concerns and what action the service would take in responding to such matters. Staff were able to tell us of the signs of abuse they would look for and the reporting systems in place. One member of staff told us, "Safety of the client is paramount. Potential abusers could be staff or family, anybody. Any concerns and I would inform the office." Another member of staff said "I have training once a year. Signs of abuse could be evident by the service user's behaviour changing, withdrawn or becoming unwell."

As part of the inspection, we looked at how the service managed risk. We looked at a sample of care files and found a range of risk assessments had been undertaken, which included falls and mobilising, nutrition, skin

Is the service safe?

assessment and personal care. These risk assessments provided guidance to staff as to what action to take to address such risks and were regularly reviewed by the service.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Most people we spoke with told us that calls were generally on time, but several people also told us their calls were often late and that they were not informed by the office. Five people who we spoke with told us that they had experienced calls that were often significantly late. One person who used the service said "I get late calls every week. I think I'm last on their rota and the carers do

everyone else first." Another person who used the service told us they had cancelled all of their morning visits a month ago, because "I was fed up of the calls getting later and later and not knowing who was coming."

Comments from other people who used the domiciliary service included, "I think the only problem occurs when people are off ill unexpectedly and someone else covers. The company does not always let you know what is happening. When the regular carer was off ill, the second person didn't turn up until late so my son had to help the other carer. Replacements don't always turn up on time." "They have never missed a visit and if they are going to be late, Comfort Call will ring me. If they are late, they make up their time."

Is the service effective?

Our findings

People who lived in their own home told us they thought that their regular care staff were well trained, knew how to undertake personal care tasks and provided unhurried care. Several people we spoke with did not have the same confidence about new or unfamiliar care staff. One relative said “A new girl has just started and she’s not impressing me at all. It might be nerves, but she doesn’t seem to have a clue what she’s doing and my relative is picking up her lack of confidence.” A person who used the service said “I’m not happy about all these new carers. They need telling every little thing and then if they come back they forget it all.”

Comments from people living in the extra care housing schemes included, “The carers that come in are very capable and do everything sensitively and as they should. They visit every day, sign the book and ask us what my husband and I need and they’ll do their best to do whatever.” “The helpers look after me well and they always stay the time they are supposed to. They listen to what I want and try their best to do it that way. They are good at their job.”

The company provided regional trainers who undertook classroom based training for all staff. New staff undertook an induction programme, which involved a period of classroom based training and shadowing of senior staff. New staff also enrolled on the ‘care certificate’ programme, which was a 12 week programme covering all aspects of adult social care. This involved further training and the successful completion of work books. During this period staff would be subject of observational shadow training and competency assessments.

Staff we spoke with confirmed they received training both at induction and then annually through refresher training. One member of new staff told us, “I’ve worked here a long time so my training is updates. New staff complete training and shadow staff first before doing visits on their own.” Another member of staff said “I’ve completed all the training. I’ve just been offered to do my National Vocational Qualification (NVQ) level three.” Other comments from staff included. “I feel I have sufficient training to undertake my role.” “I find training is very good here.” “I feel very supported with plenty of training and supervision.”

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We saw that the service managed supervision effectively by both office based interviews and ‘spot checks’ to monitor competency of staff. Comments from staff included, “I had supervision a few weeks ago. I think it was with the manager.” “Appraisals are yearly. I’ve had mine in the last few weeks. My medication training had expired so they had me in the next day to do it.” “Supervision twice a year and an appraisal. Supervisors also do competency checks.” “I think spot checks are really good, because they ensure we are doing the right things.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Most staff we spoke with confirmed they had received training in the MCA and were able to explain the principals of the legislation.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing care file records.

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and good nutrition. Some people we spoke with had meals prepared by the care staff and all of them were satisfied with the food and choices they received. One person who used the service said “The care staff can’t do much in the time they’ve got, but I usually have a microwave meal and they give me a choice from what’s in the fridge.” Other comments from people who used the domiciliary care service included, “They give me a lunch and it is microwaved so I can’t comment on their cooking skills. The jobs they do for me they do well.” “They get breakfast for me and make sure I am pampered, or that’s how it feels, toast and tea delivered to where I am sitting.” “I have sandwiches or soup for lunch, which is all done nicely.”

Is the service effective?

Comments from people living in the extra care housing scheme included, "I can choose to have food in my place or in the dining room. Both are good for me." "The food is tasty and they can bring it over for me." "I eat in the building as well as my own room. It's nice to have the choice." "I eat downstairs except breakfast. The food is good and tasty and the choice means there's always something I like. The nice thing is if you really don't like

what's on offer, you can take your own food down so you can still mix with everyone." "Lunch is good and we get a choice from two. The main meal is not so good and there isn't a choice, but better to have that than to have to try and prepare something yourself. Some residents have asked them to look into the quality of the meals and they said they will do that."

Is the service caring?

Our findings

People who used the domiciliary care service were very complimentary about their regular care staff. Comments included, "These ladies are angels. They can't do enough for you." "It's such a relief that my relative gets such lovely people to help him. I can see he loves them coming." "The carers are really kind and very patient. They never rush my relative and couldn't be nicer with her." "I'm so lucky to have my girls. They're just marvellous and I couldn't do without them." "I can't fault the care from the girls. They're really caring and friendly. They cheer me up every day." "We have a great laugh. I think they're fantastic people." "The carers are wonderful, exceptionally good." "The carers are lovely people and you build a relationship with them, which means you really look forward to them coming." "I get on well with my carers and we have a nice relationship. I look forward to their visits very much as it is contact with friends. They are lovely." "They are very kind to me. When my shower broke, the carers sorted it straight away by contacting the council."

A few people raised concerns about unfamiliar care staff who attended to their or their loved one's needs. One relative said "We've had two girls come who didn't have a caring attitude at all and made us feel we were nuisance. So I rang the office and told them and we haven't seen them since." One person who used the service said "I think some of the new girls aren't so experienced so they don't have the same rapport, and they don't inspire you with confidence."

Comments from people using the extra care housing scheme included, "The carers and other staff are lovely. They chat to me and I ask them about what they are up to. It works well. They are all kind and gentle to me." "Everyone is very nice to me. They treat it as more than just a job and I can have interesting conversations with the people helping me." "Everyone who works here seems to enjoy their work and that spins off with benefits for us. They'll do anything for you." "I feel as if I have family here." "The staff are lovely. They find time to chat to me while they do their tasks and we can share a joke and a laugh." "The carers are brilliant. They go beyond what I would expect. They sit and chat, have a joke and make such a difference. I feel as if they have time for me. If I feel down they seem to spot it and they'll sit down and encourage me to talk it through. After

that I feel tons better." "The carers and all staff here are marvellous. If I need any help, they are here like a shot." "The staff are absolutely delightful. We laugh and joke together. They are like my family."

People told us that regular care staff respected their or their family member's dignity and privacy, by closing doors and curtains. One relative said "My relative is a very proud and independent person and I've not heard him complain at all about the way the carers do their jobs, even the personal care he needs." Another person who used the service told us, "I am visited twice a day and look forward to it. The carers are reliable and know what they are doing. They help me with dressing and undressing and do it all gently and kindly. They are mostly on time and rarely late."

Other comments included, "In the year I have had them visit me I have always had confidence in the way they support me, doing what I ask and looking after me well." "I like having them and feel comfortable in every way, as long as it's the regular ones who understand my needs properly. If the regular carers are off I don't feel so comfortable." "The carers are very respectful and I make the choices about what is to be done." "They always respect my dignity and privacy." "My privacy and dignity is respected in every way."

Some people told us the care workers helped to promote their independence. One person who used the domiciliary care service told us, "Last year at this time I was very ill. The care I received at home was absolutely fantastic. They truly helped me get fit and well and I can now walk and get my meals. They have given me my independence back." One person who used the extra care housing scheme said "One thing that I really appreciate is how the staff here have given me confidence. At one time I was very nervous of mixing or going out. A carer was in the flat and saw some items I had been knitting. She chatted to me and said it would be nice if a group of ladies could get together and do some knitting. What I didn't realise was that she wanted me to lead it. Before you knew it there were six to eight of us getting together regularly chatting, drinking tea and knitting. We sit together on the landing and a carer will join us sometimes."

Other comments include, "They encourage my independence. An example is the bathroom. The girls

Is the service caring?

check the shower and help me in then let me get on with it. They obviously stay nearby to check on me.” “I can do much more for myself now and it’s because these ladies have helped me to do more. I’m so grateful.”

We spoke with staff about how they encouraged people to be independent. One member of staff told us, “If I know

somebody can do certain things, for example, I’ll say why don’t you brush your teeth whilst I make the bed.” Another member of staff said “I encourage people to do what they can do and I help when needed.”

Is the service responsive?

Our findings

Some people we spoke with and their relatives felt that the care and support they received was not always responsive to their individual needs. A number of people who used the service told us they often did not receive support from regular care staff and they often had care from new or unfamiliar care staff, who didn't know their requirements. A number of people told us that the service didn't always contact them to say the care staff were late or had been changed.

One person told us they would ring the office if their call was more than 30 minutes late as they had diabetes and had to have their meals at regular times. This person said their tea time call should be 5.30pm, but the care workers said this was not possible for them to do, because of other calls they had to make. This meant the call was made around 6.15pm every day. They had contacted the office who said they would look into the matter, but it had still not been resolved. Another person told us that they had reported to the office on several occasions that they were not happy with their morning bath call being so late. They said "The call is supposed to be 10am, but often it can be 11am and that's too late. It's so embarrassing when people come to visit and I'm still in my dressing gown." A relative told us their family member needed their medication at regular intervals and the late calls meant this was sometimes not happening.

Most people spoke with could confirmed having been involved in initial discussions about their personal care requirements and had been involved in subsequent reviews, which they found helpful. One person who received domiciliary care said "The Company came and talked to us for quite a long time before they started to support me. It all worked out very nicely and they made sure they understood what help I needed, like for example I can put myself to bed." One person from the extra care scheme said "Before I moved in I had the chance to chat about what my needs were. I would speak to the manager if I had any concerns. She listens to you and tries to put things right."

We spoke to staff about the volume of calls they were allocated and whether this contributed to them being occasionally late. A number of staff told us they felt they weren't given enough time between calls at times. One member of staff told us, "I'm under pressure between calls,

we can't get there on time. I'm often late, but not very late. People get very agitated when you are late." Another member of staff said "I find they don't give me enough time to get to calls. I am sometimes late, which I apologise for."

Other comments from staff included, "I've no problem between calls. I feel there is enough time to get to each call. I'm only late if unforeseen circumstances, for example if the visit before is ill or something and I need to wait with them. I'd then ring the office." "Calls are absolutely ridiculous. They have put me down to be in two places at once."

"There is sometimes not enough time factored in between visits, but on the whole it's okay." "I've had a few occasions when I've had visits scheduled for the same time. I ring the office and they just tell me to do one at that time and get to the next one when I can." "No there isn't enough time to get between calls. It's not too bad if I've only got a couple of calls in the morning. A two hour round would then only take 2.5 hours. It's when I've got calls all day. The knock on effect is that I get to each call later than scheduled. You can't catch it up." "There is definitely not enough time between visits. There is often no time. I can finish a call at half past and need to be at the next call at half past and I have two miles to cover in peak traffic. It's not possible."

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints. Most people we spoke with knew how to make a complaint. Some people we spoke with confirmed that they had made a complaint. Some people had complained to the office about late calls, times of calls that could not be accommodated and unfamiliar care staff. Some people said they thought the office were trying to resolve their concerns, while other people felt they had not seen any difference as a result of their complaints.

One person told us, "Mostly I am happy with the care and with the service. I know they can't always keep to time, but today they were late and I got no phone call. I often don't. I might complain again, because I have complained in the past and things did improve. I know there are a few problems, but I would recommend them to people." Another person said "I know with confidence I can complain about anything I am not happy with and that I will be listened to. I also make sure they know when I am pleased with something." Other comments from people included, "I don't need to complain, but I know to ring the office if I were to be unhappy." "I know what to do if I'm unhappy, but I've not had any problems."

Is the service responsive?

The service sent out questionnaires to people who used the service and their relatives. We looked at the service quality survey for 2015, which received a response rate of 33 percent. Whilst most of the responses were favourable of the quality of services provided, we specifically looked at responses to two questions. One related to whether the service told people which care staff was visiting them and whether they were told the care worker was running late. In both questions a response rate of 40 percent stated that they were 'never' informed and approximately 35 percent stated 'sometimes.' These responses reflected what people had told us about the service.

The service also undertook 'quality assurance telephone checks' and 'quality assurance visit checks,' which enabled people who used the service to comment on the quality of services provided and raise any concerns.

Some people we spoke with confirmed being sent surveys by the service and some recalled being rung by the office to give their views on the service. None of the people we spoke with could recall receiving feedback from the service about what the findings of the surveys were and what had been done as a result.

We looked at care files to understand how the service delivered personalised care that was responsive to people's needs. We found that initial assessments were undertaken to determine the needs of people. Care file records contained people's life story details and considered issues such as communication, memory issues, sleeping patterns and behaviour. Care plans within care files provided clear guidance to staff on the level of support required and were regularly reviewed. We found people who used the service had care plans in place with copies held at both the head office and in their homes.

Is the service well-led?

Our findings

Whilst people who used the extra care housing scheme told us they thought the service was well-led, some people who used the domiciliary care services did not hold the same view. This was because of poor communication and what they perceived were problems with staff leaving, unfamiliar care staff, late calls and call times that could not be accommodated. Several people told us they felt sorry for the care workers, because they had so many calls to fit in. However, the majority of people we spoke with during this inspection told us that they were happy to recommend the service to others.

There was no registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The branch manager who had only just been appointed confirmed their intention to register as manager with CQC. They were present throughout the inspection together with the regional manager. They acknowledged they there had been difficulties with medication and safeguarding concerns recently, but were committed to making improvements with the service. We found the staffing structure in place made sure there were clear lines of accountability and responsibility.

On the whole staff felt well-led and that management were approachable and listened to their concerns. Comments from staff included, "The management are great. I've never had any problems." "I've no concerns. Management are approachable and they listen." "A lot of people are unhappy and leaving. Things aren't organised." "There have been a few changes but management are approachable." "Comfort Call are good to work for." "Management are approachable. The changes in management haven't affected me one bit. If I've got a problem, there's always

somebody at the office that you can ring and chat too." "Too be honest, I don't know what's going on. My rota hasn't changed but I don't know who the management is anymore." "New manager is on the ball. For instance, if the person hasn't got a phone at the house we can't call the office to log that we are there so we have to get the person to sign our sheet to confirm it. The new manager has provided people we support with sheets confirming why we do this. That should have been done a long time ago." "There have been a few change,s but I think overall, management are good."

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included telephone service quality checks and unannounced 'spot checks,' where people were invited to comment on the quality of the service they received. However, we questioned the effectiveness of medication audits in view of the issues we identified.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing and recruitment.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We looked at how the service learnt from any incidents, complaints or safeguarding matters. The service was able to demonstrate to us where lessons had been learnt, what immediate action had been taken and how learning had been shared with staff. Examples included medication and incontinence issues where tailored supervisions had been introduced to disseminate learning to staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service had not protected people against the risks associated with the safe management of medication.</p>