

Comfort Call Limited

# Comfort Call Middlesbrough

## Inspection report

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29 January 2020  
30 January 2020  
05 February 2020

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Comfort Call Middlesbrough is a domiciliary care service providing personal care to people in their own homes. The service supports people in Middlesbrough, Redcar and Cleveland and North Yorkshire. At the time of the inspection 294 people were receiving personal care from the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were happy with the service and spoke positively about the care they received. One person said, "They treat my mam like it's their own mam."

Medicines were managed safely and risks to people addressed. People were supported by stable staffing teams who had been safely recruited.

Staff received regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised support that was regularly reviewed with them. Staff were knowledgeable about people's support needs. Clear complaints processes were in place.

Good governance processes were in place. Feedback was sought and acted on. People, relatives and staff spoke positively about the management and leadership of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Comfort Call Middlesbrough

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector, an assistant inspector, a specialist advisor pharmacist and three Experts by Experience carried out this inspection. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. The registered manager was on a period of planned leave when we inspected. An interim manager had been appointed to manage the service in their absence. In this report manager will refer to the interim manager.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because staff worked with people in their own homes and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 January 2020 and ended on 5 February 2020. We visited the office location on 29 January 2020 and 5 February 2020.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the

provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with 26 people who used the service and 20 relatives about their experience of the care provided. We spoke with 14 members of staff, including the manager, care manager, office and care staff.

We reviewed a range of records. This included six people's care records and six medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service assessed, monitored and responded to risk. Risk assessments were regularly reviewed to ensure people were safe.
- Accident and incidents were investigated, and action taken to learn lessons and prevent re-occurrence.
- Plans were in place to support people in emergency situations that might disrupt the service.

Using medicines safely

- Medicines were managed safely. Records of medicine administration were completed without errors or unexplained gaps.
- Where staff shared responsibility with people or relatives for managing medicines, records and systems were not always clear on who did what. We fed this back to the manager, who took action to address this during the inspection.

Preventing and controlling infection

- Staff were knowledgeable about infection control principles. Gloves and aprons were made readily available to staff.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received regular safeguarding training and clear concern reporting processes were in place.

Staffing and recruitment

- People were supported by regular staff who they said usually arrived when expected. One person told us, "They come on time and when I ask they run over and never rush me."
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included Disclosure and Barring Service checks and obtaining references.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 were assessed before they started using the service to ensure appropriate support was available.

Staff support: induction, training, skills and experience

- Staff received regular training to equip them with knowledge and skills relevant to their roles. This included induction training for new staff.
- Regular supervisions and an annual appraisal were carried out to support staff in their roles.

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

- Staff supported some people with eating and drinking. Where this was the case people received the meals they wanted and needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with external professionals to ensure people received the healthcare support they wanted and needed.
- People told us staff helped them arrange appointments with other professionals involved in their care when needed.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Consent was sought from people using the service to ensure that their preferences were met and that the least restrictive practice was used.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and caring support from staff who knew them well.
- People and relatives spoke positively about the caring nature of staff. Comments included, "Very kind, very caring, very warm" and, "They go out of their way to make a fuss and make you feel happy. They have goodness of heart."
- Staff respected and promoted people's individuality and helped them live the lives they wanted. One person said, "They do what I want them to do."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People told us they felt their dignity was maintained and promoted.
- People were encouraged and helped to be as independent as possible. A relative told us, "[Person] is given the opportunity to be independent. They are lovely to him."

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

- People were supported to express their views and be in control of their care. One person told us, "I listen to them and they always listen to me. They seem to boost my confidence."
- Systems were in place to arrange advocates should they be needed. Advocates help to ensure that people's views and preferences are heard.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support based on their assessed needs and preferences.
- Staff supported people to take part in reviews of their care to ensure it was what they wanted and needed. One person told us, "I'm involved with my care plan and I can make suggestions."
- People were cared for by staff who knew their needs well. Effective systems were in place to ensure staff were updated on any changes to people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place to provide people with information in the most accessible formats for them.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and responded to appropriately and in a timely manner. People were satisfied with the outcome of their complaints.
- People told us they were aware of how to raise a complaint and felt they were encouraged to do so.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance audits to monitor and improve standards were completed.
- People, relatives and staff spoke positively about the management and leadership of the service.
- Staff said the manager and provider promoted a positive culture and values. One told us, "It's probably the happiest job I've ever been in. Whenever I've had problems they've always helped me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had open and transparent communication with people, relatives and staff. Feedback was given when issues were raised or things went wrong.

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

- People, relatives and staff were supported to give feedback on the service. This included through surveys, meetings and informal chats.

Continuous learning and improving care; Working in partnership with others

- The service accessed training and updates from other organisations and agencies to ensure they were aware of latest guidance and best practice.
- Staff worked successfully with external professionals involved in people's care to help ensure their overall health and wellbeing.