

Comfort Call Limited

Comfort Call Sheffield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the registered manager two days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered manager and staff.

We received positive comments from people who used the service, relatives and staff about the improvements made at the service in the last 12 months.

People told us they felt "Safe" in the care of the staff who worked for Comfort Call Sheffield. Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults.

People told us where necessary they were supported by staff to take their medicines. Staff had a good understanding of the procedures for the safe administration of medicines and had completed formal training in this.

We found there were enough staff to make sure people received the care they had requested and at the agreed times. People told us care workers were generally on time and in most cases, if staff were running late for any reason, the office staff would phone to let the person know.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions for themselves.

Staff were given appropriate support through a programme of regular training and on-going supervision and appraisal. Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

People we spoke with and contacted during the inspection told us the staff were kind and caring.

People thought the staff had their best interests at heart and would do what was necessary to help them lead a quality life. This included providing dignified care and helping them to take part in activities which they had an interest in.

People's care plans contained consistent up to date information about their care and support, including risk

assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs.

The complaints procedure was explained in the 'service user guide' which was provided to people when they started with the service. People who used the service and their relatives told us they knew how to raise a concern or to make a complaint. Where people had expressed concerns, appropriate action had been taken by the registered manager.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We found the majority of people were satisfied with the service they received.

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.

People said they felt safe. The provider had procedures in place to help to protect people from abuse and unsafe care.

There were enough staff employed in order to provide a safe and flexible service to people.

Medicines were administered to people safely. Staff were trained in medicine administration and had their competency checked by senior staff.

Is the service effective?

Good ●

The service was effective.

People were involved in and encouraged to make decisions about their life.

Staff completed a regular programme of training which they found useful and valuable.

Staff felt well supported by managers and were provided with regular supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

People were positive about the care they received and this was supported by our observations.

Making sure the confidentiality of people who used the service was kept was important to staff.

People who used the service, their relatives and staff had mutual respect for each other.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People were aware of the complaints policy and were confident if they raised a concern it would be dealt with.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the registered manager and senior staff. There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

The registered provider and registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Comfort Call Sheffield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection of Comfort Call Sheffield on 13 and 14 February 2017. We told the registered manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the registered provider had sent us.

At our last inspection in August 2015 the service was meeting the regulations inspected at that time.

At the time of this inspection the agency was supporting approximately 287 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.

The inspection team consisted of two adult care inspectors and two 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. The experts by experience had experience of supporting and caring for older people.

On 10 and 13 January 2017 we spoke with 27 people and five relative over the telephone. On 13 February 2017 we visited six people who used the service at their homes to ask their opinions of the service and to check their care files. Whilst on visits we also met with two relatives and one care worker who was providing care to a person who used the service.

On 14 February 2017 we visited the agency office and spoke with the registered manager, senior managers and six members of staff including, care coordinators, senior care workers and care workers. We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, including their medicine administration record (MAR's). We also looked at five staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

We also sent out questionnaires to people who used the service, staff members and healthcare professionals. We received information back from 20 people who used the service, two relatives and four staff members.

Is the service safe?

Our findings

One hundred per cent of people who used the service and their relatives surveyed told us they were safe from abuse and or harm from their care workers. They also told us they knew what to do if they suspected someone was at risk of abuse.

People spoken with said they felt safe with their care workers and that staff knew what they were doing. Their comments included, "Yes, most of them. I am happy with them coming," "Most of the carers are excellent, really good but there is the odd one who just doesn't seem to get it. I have to tell them what I need doing every time," "I have no concerns at all. I have a mobile hoist which is brilliant and they are really careful when putting the straps on me and moving me around" and "They came and had a look round to make sure there wasn't anything that might be dangerous and advised us about some things like bathmats and so on." One relative told us, "[Name] is very special and I wouldn't let them [care workers] near them if I thought for one minute they weren't safe."

Some people required assistance from the care workers to take their medicines. Most people who were supported with their medicine said they felt their medicines were handled appropriately and recorded on Medication Administration Records (MAR) charts in their care folder. One person told us, "It's too late at 10.30. It [medicine] should be taken early at 7.30 when they are supposed to arrive." Another person said, "They remind me as I sometimes forget."

The majority of people told us there were enough staff to make sure their needs were met. One person told us, "I think they might be short staffed because the carers are always in a rush. They don't have time to check if I'm okay. I'm supposed to have half an hour in the mornings but there is one carer who flies in and out and is only here for about five minutes."

Following our visits and telephone calls to people, where we were given permission to do so we asked the registered manager to address any issues raised. We found the registered manager and senior staff were prompt in addressing people's concerns and resolving them.

During our visits, we observed staff using personal protective equipment (PPE) such as gloves and aprons that reduced the risk of cross contamination. Eighty per cent of people surveyed told us their care workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons).

Staff spoken with told us they had completed training in safeguarding people from abuse. They were able to tell us what action they would take if they suspected someone was at risk of abuse. Staff were confident that senior managers would listen to any concerns they had and report their concerns to the appropriate people.

In people's homes we saw assessments had been undertaken to identify risks to people. When risks were identified appropriate risk assessments were put in place to reduce the risk occurring. For example, one person was at risk of developing pressure wounds. Their care plan stated that staff were to regularly

evaluate the effectiveness of the persons pressure relieving equipment and encourage the person to get out of bed when they were able. The person told us, "The care workers are always trying to encourage me to get up and I know this is good for me."

Staff took appropriate action in response to any accidents or incidents to ensure peoples safety. They told us they immediately reported anything of concern to the office staff and made sure the correct information was recorded. We saw evidence of senior staff visiting people following any accidents or incidents to re-assess them and look at ways of ensuring this was not repeated.

At the time of the inspection there were approximately 116 employees. On average staff were working 26 hours each week. This meant there was enough staff employed to allow for sickness and annual leave, whilst maintaining consistency and continuing to meet people's needs. Staff told us, "We're sent out our rota every Friday for the following week. It's very well organised now as we mostly know where we will be going. Changes are only made if we need to cover for someone because we wouldn't want anyone to not get their visit."

The registered manager told us they had a continual programme of staff recruitment. We looked at five staff personnel files. We saw staff had been recruited in a safe way. All checks required to be completed during the recruitment process were undertaken, for example, references from previous employers, full employment history and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

All care workers were trained in the safe administration of medicines. Following induction all staff had a yearly update to ensure their knowledge was up to date. Staff competency was also checked by senior care workers during spot checks. If any issues were identified staff were seen in supervision or required to attend further training.

We looked at the MAR charts in people's homes. We found these were fully completed by staff at the time of administration. When a person didn't take their medicine the reason for this was recorded using a code. At the end of each month all MAR charts were returned to the office so they could be audited by senior staff.

Is the service effective?

Our findings

Fifty per cent of people surveyed said they received care and support from familiar, consistent care and support workers and that they would recommend this service to another person. Ninety five per cent of people said their care workers completed all of the tasks they should do during each visit and 74 per cent said their care workers stay for the agreed length of time. One person told us, "I have the same staff pretty much during the week and they are marvellous. It does me good to see them. It depends at the weekend who is covering and sometimes that person might be a bit late but I don't mind because they are all very good."

One hundred per cent of relatives said they would recommend this service to another family member, that the care and support their relative received helped them to be as independent as they could be and that the care workers arrived on time. 100 per cent of relatives surveyed also said the care workers had the right skills and knowledge needed to give their relative the required care and support.

People we spoke with told us the staff were well trained. Their comments included, "Yes, definitely [well trained]. All the time. They give me a shower twice a week, and get me dressed," "I would not be without them. They are lovely girls," "I am confident with them. Yes, they know what to do," "Yes, I know they are [trained]. That is the beauty of the key safe, these people come in and know what to do," "Yes, if someone new starts, they train them and have a ghost to help them do it right. They make sure they know what they are doing" and "I think the carers who do come really know what they're doing so I think they must be well trained."

We asked people if the staff listened to their views and checked if they were happy to receive personal care. They told us, "I don't want a man for showers, I want a lady. I had a man once and he went and got a female carer. He made sure I had a shower," and "Yes no problems."

Some people needed support from the care workers with preparing meals. People told us, "They [care workers] will ask, what do you want this morning? Usually an egg and I choose that. I always have soup, and my son makes my dinner after work. I couldn't live without them. I have nothing to worry about," "The carers make my sandwiches. They ask me what I want. They put gloves on" and "I have microwave meals and coffee. The carers wash their hands and wear gloves. I make a list and give them the money for the shopping. I choose what I want to eat."

Whilst out on visits we saw care workers encouraging people to drink plenty of fluids and make healthy food choices. One care worker had seen a new drinking utensil advertised, which helped people who were in bed to drink independently whilst maintaining their safety and comfort. These had been purchased for several people and we saw them in use. Two people told us, "These are great. I can get a drink now in between the carer's visits."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and had a good understanding of this legislation.

People who used the service told us they were encouraged to make choices and decisions. We saw people had contributed to compiling their care plans and their wishes had been listened to and acted upon. Senior staff had been involved in 'Best interest' meetings for people, where their knowledge of the person's specific needs had assisted the appropriate decisions being made for people who did not have capacity.

People, relatives and staff told us communication between themselves and the office staff was much better than it had been last year. One relative said, "They [office staff] are so much better than before. They're pleasant on the phone and really want to help. They are pro-active and go out of their way to make things right."

The registered provider had an in-house training officer who provided training to all staff from the agency office. Staff were provided with a three day induction course followed by regular refresher training in all mandatory subjects, for example, first aid, moving and handling, food hygiene, health and safety and medicines. Following induction training staff were 'shadowed' by a more experienced member of staff until they felt confident to work alone. Staff then completed a 'Care Certificate' workbook to evidence their knowledge. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers. Staff told us, "The teacher said it in ways I understood, I really enjoyed my training," "The training courses have been the best thing ever" and "The training is great and I feel valued."

Staff spoken with said they felt well supported by the senior staff. There was a well organised system in place for all staff to receive spot checks, medicine competency checks, supervisions and appraisals. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Evidence seen confirmed staff were provided with a regular programme of support in line with the registered providers policy and procedure.

Is the service caring?

Our findings

One hundred per cent of people surveyed told us their care workers were caring and kind. Comments about staff included, "I'm really very happy with the carers. I have no criticism at all of the people who come, they are very good, kind and gentle," "Overall I'm very happy. They are really good people and are very kind. I wouldn't want to do their job so I am really happy that they do," "They are kindness itself. Nothing is too much trouble for them. When I have my shower, they make sure the towel is warm and wrap me in it straight away. It's lovely," "I think they've got to know me really well. They ask after my family," "I just feel as if I can trust them," "They come in and ask how are you? Do you want a cup of tea? I have never had any nastiness from anyone. Once I had someone not so nice, but she left," "The carers are very obliging. They will always bring me a loaf or some milk if my daughter hasn't brought enough in" and "They are kind. They help me in any way they can. They always ask if there is anything else they can do."

Sixty five per cent of people surveyed told us they were always introduced to their care workers before they provided care or support and that they were happy with the care and support they received from this service.

Seventy five per cent of people surveyed said they were always treated with respect and dignity. Every person we spoke with over the telephone and in person said the staff were respectful to them and helped them to maintain their dignity.

Our observations of care workers whilst on home visits was that they were friendly and professional in their approach to people. We saw care workers responding politely and warmly to people whilst providing care and support. In return people who used the service showed their appreciation and gratitude to the care workers. There was mutual respect for each other.

Staff were provided with training in the importance of maintaining people's confidentiality. We saw care workers responded to people's questions about other clients in a way that did not compromise a person's private information. We also saw there was a system in place at the agency office to make sure people's confidential information was only seen by the appropriate people.

Staff we spoke with told us that people, their families and advocates, when appropriate were involved with their care and support planning. We saw from care files there was documented communication between the staff involved with their care package, people, their families and other health professionals. People told us their views were listened to and that they were involved with developing their own care and that it met their needs.

We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us staff were trained in basic end of life care but they had plans in place to provide a more in-depth training

course on end of life care. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

Is the service responsive?

Our findings

Eighty nine per cent of people surveyed said they were involved in decision-making about their care and support needs.

When we asked people if they were told about any changes to their visits and if their care worker came at the agreed time their comments included, "It would be nice to have a copy of the rota so that I know who is coming. They are all lovely and very obliging but, especially at weekends, I never know who is going to come," "It's normally the same two carers. I would say 99 per cent of the time and they are lovely. The only trouble is the night call which should be about 8pm and sometimes can be as late as 10pm. Then we have to ring the office because they don't let us know," "I've had to ask for earlier calls when I'm going to the hospital because the transport comes at 9am and they have been very obliging. There is never a problem about changing the time on those days," "They come at the same time every day. They just come," "They [office staff] phone if a carer is going to be late, or someone else is coming," "Someone always comes. There have been no missed calls," "They are coming earlier at night which I prefer," "Yes, they are not ever late," "Yes, they are very good at keeping time. The office lets me know if they are going to be late" and "I just wish they would let me know if they're going to be really late. I never know what time they are coming and if they'd just give me a call then I wouldn't worry."

When we asked people if they had been involved in a review of their care plan their comments included, "I couldn't tell you how often they've been to go through the care plan but they do come from time to time and I've had questionnaires as well asking what I think about things," "Not that I'm aware of," "Not this year yet, but last year. Not a lot alters so no changes needed to be made," "I think so, a few months ago. It was a check on the care I had been given" and "I had a review a few weeks ago. There is no change."

Other comments from people included, "They are lovely people [carers workers] and they do keep an eye on how I am. They quickly notice if I'm not well. They will let my family know and I think they let their office know as well," "Occasionally I have asked for a different carer, not often, but there is always somebody you can't quite take to and they don't send that person again. I've also asked for one particular carer to be sent to me and they do their best," "If I wasn't happy about anything I would get in touch with the office and if they didn't sort it out I would contact social services. It's never happened though up to now" and "I have no complaints about the carers themselves. I really like to have younger people around because them coming in brightens me up."

Staff spoken with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service.

We looked at five people's care plans. They contained a range of information that covered the support people needed. They included information about 'me and my life' which was a personal profile about the person's history, hobbies, likes and dislikes. We found assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Staff told us they

often referred to people's care plans to make sure they were fully up to date with each person's needs and any changes to the care and support that was required for each individual.

Senior staff told us they reviewed care plans at least yearly but more frequently if a person's needs changed. We saw evidence of this in the care plans seen.

Some people were supported with social activities. Care workers told us this was very important in order to prevent people becoming socially isolated. We visited one person who had just returned, with their care worker from a visit into town. They told us they had enjoyed buying new soft furnishings for their home and also going food shopping to get their favourite takeaway for their tea. The person told us they went out each week, supported by the same care worker that they trusted and enjoyed spending time with.

People who used the service and their relatives told us they were aware of the formal complaint procedure, but they knew the registered manager well and felt comfortable ringing them if they had any complaints or concerns. We saw that the service's complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had no outstanding complaints. We saw complaints that had been received were investigated and resolved within the timescales set in the registered providers policy and procedures. We also saw the service had received numerous compliment cards and letters from people who used the service and their relatives, thanking them for the service provided.

People told us that they had been provided with telephone numbers for Comfort Call and could ring the office if they needed to. Most people said the office staff sorted things out straight away if they called them.

Is the service well-led?

Our findings

Seventy five per cent of people surveyed said they knew who to contact at the care agency if they needed to and 65 per cent said the information they received from the service was clear and easy to understand.

People spoken with told us, "Yes, it is in the book [office contact details]. Yes, they always phone back," "I have phoned the office at the weekend, and it says 'office is closed'. I ring this and that, and that doesn't answer. I phone this number, that number. I can never get an answer. I get so annoyed when no-one answers and the message says it is closed. Why would they leave that number?" "There is no answer phone. When the office is closed, you can't get anyone, and you hope someone is coming," "Yes, I think they would be easy to contact," "No problems, I have the number in front of me," "Every time I've phoned there has been an answer. No problem. When I have cancelled, someone has always answered" and "Yes, I have got a number. There's no problems reaching the office."

Other comments from people included, "I've nothing to complain about, but the carers have said there are not enough hours in the day," "Everything is okay now my regular carer is back. I get my breakfast, medication, shower. I could not do without them," "They wash me, put me to bed. I can't praise them enough," "They do a good job. What they have to do they do very well" and "The carers are wonderful but I'm not sure if there are enough of them. There are probably too many people for them to see to."

The registered manager at the service had been in post since August 2016. Prior to being registered manager she had worked at Comfort Call as the deputy manager. People who used the service, their relatives and staff all spoke highly of the registered manager. Their comments included, "The manager will actually come out if no other carer is available. They will cover. I've probably met her four or five times over the last 12 months," "I can always speak to the manager if I need to or she will ring me back. I think the agency is well run," "The manager is very supportive. She says what she needs to say and then moves on, she doesn't hold a grudge," "If things were really bad I would ring the manager, but the staff always sort things quickly so I don't need to" and "The manager values the staff. It's so much better here than last year."

People also commented positively about the care coordinators and the senior care workers. They told us, "[Name] is a lovely lass and goes out of their way to help" and "[Name] is a breath of fresh air, so positive and always pleasant."

Staff told us they felt really well supported by their line manager's. They told us managers and senior staff were available to speak to at all times either via phone calls, texts or face to face meetings.

We saw evidence of regular audits completed by the registered manager to check the quality of service. These included health and safety, training, medication and staffing. The care coordinators and senior care workers also had the responsibility for completing audits of all the care plans. Staff told us they carried out a file review of each care plan and MAR sheet when these were returned to the office at the end of each month. Any actions resulting from these audits were recorded and checked they had been completed by the registered manager.

Where necessary, the senior staff had informed us of any incidents at the service as required by the regulations. We saw the registered manager had a clear process in place to ensure notifiable incidents were reported to CQC. Senior staff said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they also used this regular review to identify any themes or trends that may require addressing.

The registered provider had policies and procedures in place which covered all aspects of the service. The majority of policies and procedures had been updated and reviewed as necessary, for example, when legislation changes. We saw a small number of policies that required updating. The registered provider's representative told us they were aware of this and work was underway at head office to ensure the policies were updated promptly. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

Staff told us they had regular staff meetings. They said recent meetings had covered topics such as safeguarding, lone working, health and safety and MCA. Staff told us meetings were a valuable resource for receiving updated information and also to talk through any concerns they had about working practices. The registered providers 'quality governance group' also sent out information to staff about such things as issues raised at inspections and what staff expectation was in relation to this.

Each year the registered provider sent out quality questionnaires to people asking their opinions. The last completed survey was in May 2016. The results of the survey had been collated but this information had not been feedback to people. We discussed this with the registered provider's representative who immediately arranged for this information to be attached to the February newsletter which was sent to people. People were also told to call into or telephone the office if they had any questions about the results of the survey.