Comfort Call Limited

Comfort Call - Kilbourn House

Inspection report

Kilbourn House
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Tel: 01912846715

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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

This was the first inspection of Comfort Call – Kilbourn House since the service was registered in June 2016. The inspection took place on 7 March 2017 and was announced.

Comfort Call – Kilbourn House provides personal care to people who are tenants in Kilbourn House, an extra care housing scheme. The personal care is provided by an on-site domiciliary care team across the day and at night. At the time of the inspection 37 people were receiving the service.

The service had a registered manager. 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.

We found the service had established systems for protecting personal safety and safeguarding people against the risks of harm and abuse. Appropriate support was given, where required, in helping people to maintain their health and take prescribed medicines. We have made a recommendation that the auditing of medicines management be further improved to ensure it is more effective in identifying recording deficits.

All necessary pre-employment checks were conducted to ensure the suitability of new staff before they started working at the service. Sufficient staff were employed to provide people with safe and consistent care.

The staff team received a good level of training and support that enabled them to meet people's care needs effectively. People were consulted about and gave consent to their care. Where needed, people were assisted to access health care services and supported in meeting their dietary requirements.

Staff were caring in their approach and had developed good relationships with people and their families. They respected people's privacy and dignity and supported them to live as independently as possible. People and their representatives received information about the service and were involved in decisions about their care.

Care was provided flexibly and adapted to accommodate any changes in people's needs. Individualised care plans were in place and each person's care service was regularly reviewed. A range of activities and entertainment was offered to prevent people from becoming socially isolated.

The registered manager promoted an inclusive culture and provided leadership to the staff team. People's feedback about their care experiences was routinely sought and no complaints had been made. The quality and safety of the service was continuously monitored to check that standards were maintained and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to personal safety were reduced and steps were taken to safeguard people from avoidable harm and abuse.

The service had enough staff to safely meet people's needs.

Suitable arrangements were made for supporting people with their medicines. The accuracy of medicines administration records needed closer scrutiny.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and supervised in their roles, equipping them with the necessary skills to care for people effectively.

Care was given with people's agreement to ensure their rights were upheld.

Staff supported people in staying healthy and, where required, to have good nutrition.

Is the service caring?

Good

The service was caring.

Positive relationships had been formed between people and the staff who cared for them.

Staff were caring, showed compassion and respected people's privacy and dignity.

People were given information about what they could expect from using the service and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care planning was centred on the well-being of the individual and the goals and outcomes they wished to achieve.

Activities and entertainment were provided to support people in meeting their social needs.

A clear complaints procedure was in place that people were confident of using if they had any concerns.

Is the service well-led?

Good

The service was well-led.

The service was well managed and staff were provided with leadership and support.

The management promoted an open culture and worked inclusively with people and their representatives.

A range of methods were used to check and develop the quality of the service, including actively seeking people's views.

Comfort Call - Kilbourn House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 March 2017 and was announced. We gave short notice that we would be coming as we needed to make sure the registered manager and staff were available to assist the inspection. The inspection was carried out by an adult social care inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included 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 contacted the local authority that commissions the service and the social worker attached to the scheme.

During the inspection we talked with 10 people using the service, three relatives and a visiting professional. We spoke with the registered manager, the regional manager, a senior and two care workers. We examined six people's care plans, staff recruitment, training and supervision records and reviewed other records related to the management and quality of the service.

Good

Is the service safe?

Our findings

People told us they felt very safe and secure at the service. Their comments included, "I feel very safe here. I have a fob key, I can lock my door and it's very secure. What I really like is that there are people here if I need them which is great"; "There has never been a reason not to feel safe. There is always staff around to help as well. I like it here"; "The staff are really good and always check I am okay and they are there when I need them, it's great" and, "It's very secure. The staff are always on hand if you need them. I have a call bell in the flat and a neck pendant which I wear which I can press anytime if I needed." None of the people we talked with expressed any concerns about their safety or the way they were treated.

Relatives were equally positive about the safety of their family members. One relative told us, "My [family member] is very safe here. It has made a huge difference to them and their confidence. It really is very secure." Other relatives agreed, telling us, "I feel happy knowing my [family member] is safe. There are always staff around and they pop in to see how they are. The building is very secure and monitored" and "Absolutely, it's safe here for my [family member]."

The guide to the service informed people about their rights to be protected from harm and abuse. Clear information was given including what the service did to keep people safe, protect them from abuse, and how any allegations received would be responded to. New staff were given training in the importance of safeguarding and whistleblowing (exposing poor practice) as part of their initial induction. Safeguarding training was then provided annually to all staff and discussed during themed supervision sessions to continue to raise awareness. The registered manager had ensured safeguarding allegations were reported to the relevant authorities and acted on. This had included, when necessary, retraining staff and following the disciplinary procedure when their actions had put people at risk of harm. The social worker attached to the scheme told us they felt the service protected vulnerable people and managed any concerns or risks in a timely way.

A 'duty of candour' policy had been developed. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. We were told about how this duty was implemented in practice. For example, a person and their family had been informed of a medicines error that had taken place and given explanation about the actions the service had taken in response.

The service did not hold money on people's behalf. At times, support with shopping was requested and transactions were accounted for in entries in log books, signed by the person and the staff member. The log books were regularly audited to check that people's money was being safely handled.

Risks to people's safety were carefully assessed. For example, the risk of falls was assessed by looking at the person's history of falls, footwear, clothing, mobility aids used, gait and balance. Measures to reduce risks were then detailed in care plans regarding general mobility, rising, standing, walking, transfers, toileting and use of stairs. Other risks assessed included skin integrity, medicines, malnutrition and environmental issues.

The service had a system for reporting and following up on accidents and incidents which occurred. Details were recorded, as were any injuries sustained and, where necessary, an assessment of the subsequent degree of risk to the person was completed. Reports were also flagged up to the service's regional manager and quality team for further review and analysis.

A business continuity plan was in place that had been drawn up in conjunction with the housing provider. The plan included contact numbers for people and services which might be required to support people and the staff team in emergency circumstances.

A robust recruitment process was followed before new staff started working at the service. This included completion of application forms, obtaining proof of identity, address and references from suitable sources. Checks were made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups. Candidates were interviewed, scored against the necessary criteria and were required to take literacy and numeracy tests.

The service was fully staffed and staffing levels were reviewed on a weekly basis to ensure they met people's needs and requests. The current staffing levels were seven care workers in the morning and afternoon, four in the evenings and two workers during the night. Any cover for holidays or sickness was met from within the staff team or by staff from the provider's other local care services. Recruitment was also being undertaken for a team of bank staff to cover absence. The registered manager and senior care workers shared on-call arrangements for staff outside of office hours, enabling them to get advice and support at any time.

The people and staff we talked with were happy with the staffing resources. A staff member said there were times when three staff were on duty, adding, "If there are four that's better, but we manage and make it work if there is only three. We get a list of our times for planned care and work any changes out together when needed." One person also commented about there being fewer staff working at weekends. The registered manager told us there would only ever be a minimum of three staff on duty during the day when people were in hospital, as this impacted on the total hours of service provision required. They also explained that staffing numbers were reduced by one care worker on the early shift at weekends as less housework duties were needed at these times.

People were assisted by staff in taking their medicines, where this was an identified need. The support ranged from verbal prompting to administering medicines, depending upon a risk assessment. The service was not involved in the ordering or collection of medicines, which were usually supplied by chemists in pre-packaged aids for ease of administration. People confirmed they were either encouraged to take responsibility for their medicines or were supported by staff. One person told us, "I receive my medication four times a day from staff and I am happy with what I am on. Sometimes I ask for my medication to be reviewed when I feel I have bad spells. They always help support me with this without any problem."

Staff were given annual training in supporting people with their medicines and training was up to date. The competency of each staff member was also assessed every six months and re-training was provided if deemed appropriate. Three staff members had received advanced training and acted as 'medication leads', doing weekly spot checks of medicines administration records (MARs) and monthly audits. However, the MARs we sampled showed some recording practices, such as scoring out, overwriting of entries and recording inaccurate times, had not been picked up during the checks and audits. We also noted in one person's MAR that stocks of a topical medicine (applied to the skin) had run out and not been replaced for over a week. The registered manager assured us she would actively pursue these issues with staff. We have recommended the service implement improved governance around the management of medicines.

Good

Is the service effective?

Our findings

People told us they felt their needs were met by staff who knew what they are doing and were very competent. People's comments included, "The staff here are all terrific, they really are – you cannot fault them. They always look after me"; "All staff here are brilliant and always make time for anything you need "; and, "The staff always do what they can for you."

New staff were given thorough induction training to help prepare them for their roles and responsibilities. This training was aligned to the Care Certificate, a standardised approach to training for new staff working in health and social care. The induction included 17 workbooks which staff had to complete to demonstrate their competence by the end of the programme. A contract of employment and a staff handbook were provided, which informed staff of the standards and conduct expected of them as employees.

Staff records showed that on-going training in safe working practices was updated annually. A monitoring system was in place that highlighted when further training was due. All staff were also given opportunities to gain nationally recognised care qualifications to support their personal development.

Each staff member received individual supervision every three months as a minimum to review their performance. Supervisions were often themed to different areas of training and care practices, such as record-keeping, medicines, and nutrition and hydration. In addition, workers were subject to regular spot checks to ensure they complied with the requirements of the service. Areas covered included punctuality, dress code adherence, recording and medicines management.

Staff members were given an annual appraisal of their work. Among the areas covered in appraisal were practical skills, safe working, communication, working with others, understanding the needs of people using the service and respecting their privacy and dignity. A development plan was drawn up as part of this process to identify areas for improvement and personal goals. The staff we talked with were happy with the training and support they received.

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.

Steps had been taken to ascertain people's communication abilities and capacity to make informed decisions about their care and other important issues in their lives. This included checking whether the person required spectacles, a hearing aid or specialist techniques such as sign language to support how they communicated. Any memory difficulties were identified and care records contained a section on decision-making that informed staff about the individual's mental capacity. For example, an entry in one person's record stated, 'I am unable to make decisions and rely on my family. My family assists me with all decision-making in my best interests.' Details were obtained of any power of attorney arrangements,

decisions about resuscitation and other advanced decisions to ensure the service was made aware of people's wishes about their future care.

People were asked to give their written consent to, for instance, staff accessing their flats, administering medicines and the use of equipment such as bed rails and wheelchair belts. An overall service agreement was also completed that confirmed the person had consented to their planned care. We noted some anomalies in care records about people's levels of understanding and ability to give consent which the registered manager agreed needed to be clarified. We also raised the apparent need for a person to have their mental capacity assessed, due to recent concerns about their safety. Following the inspection, the registered manager confirmed this formal process had been followed in conjunction with the person's social worker.

People were supported in maintaining a balanced diet and, where necessary, had care plans addressing their eating and drinking needs. Staff assisted if needed with shopping, planning and preparing meals and using the onsite café that opened for breakfast and lunch. Some people confirmed they received support from the staff or their families and many used the café on a regular basis. There was a varied menu, including two daily specials at lunch, jacket potatoes with various fillings and salad, sandwiches and other lighter meals. People told us they enjoyed the food and we observed the meals looked appetising and good portion sizes were served. We heard a person complimenting the cook saying, "It was a lovely meal, as usual."

Information was gathered about people's medical history, current health needs and the health care services they used. The impact of physical and mental health conditions was also built into care planning. Staff checked on people's welfare and, with their permission, contacted health care professionals on their behalf if needed. All staff received a training module on caring for people at the end of their lives as part of their induction training.

The social worker attached to the scheme told us reviews undertaken had highlighted many positives about the effectiveness of the support and people's quality of life being improved. They commented, "Being involved in this scheme since it opened, I have been lucky enough to see physical changes in individuals. I have seen people regain confidence, re-engage with social situations and openly express a new found happiness as a direct result of the quality of service and the level of support and engagement they receive."

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with praised the service and gave very positive comments about the care and support provided. They spoke extremely highly of the staff who assisted them or their family member. One person said, "The staff are just amazing here. I really cannot fault the place at all or the staff. This is the best place ever, I couldn't be happier here. It really has changed my life." A second person commented, "Staff are lovely, very friendly and always there when you need them." A third person told us, "The staff are great. They are all very sociable and make conversation with you. You can have a joke or two with them and they are always pleasant and cheerful." Other people's descriptions of staff included, "fabulous", "brilliant", "amazing" and "marvellous."

Relatives were similarly positive about the caring nature of the staff team. One relative said, "Staff are great here. They are always very helpful and pleasant." Another relative told us, "Staff I feel are super." A visiting professional told us, "The tenant I help support is without a doubt the happiest they have ever been and that has all been since they moved in here. It really is the best place, secure yet peaceful. There are always people around to help if they need it and the staff are fantastic. We really do need more places like this, I think."

The social worker attached to the scheme described the service as extremely caring and said staff had a very good rapport with people. They commented, "Staff show empathy and harmony and have good communication. People are treated with dignity and respect and encouraged to express themselves and make their voices heard."

Our observations confirmed what people told us. We saw staff addressed people appropriately and were friendly and respectful when engaging with them. It was evident the staff had a good understanding of people's needs and how best to communicate with individuals. For instance, we observed a staff member approach a person and say, "Hi [name] are you okay today?" The person replied that they didn't know and appeared a little confused. The staff member smiled and sat down with them, sensitively held their hand and chatted. After a few minutes they said, "Would you like to go for a walk with me and see where you want to go?" The person agreed and was calm and seemed happier. They linked arms with the staff member and went for stroll along the corridor, smiling and chatting before deciding to go back to their flat.

The people we spoke with described the extra care housing model of care as supporting their independence, whilst ensuring staff were available to assist them when needed. Those people who received support with personal care told us they felt very respected by the staff. They gave examples of curtains always being pulled across, or doors closed for privacy and dignity, and said staff always knocked first and asked their permission before entering or assisting. A relative told us, "Staff respect my [family member's] privacy, but they do check in on them and if they need anything at all they are there."

People were provided with a comprehensive, informative guide that explained what they could expect from using the service. We saw they were consulted about their care planning, involved in regular reviews of their care and encouraged to make choices which influenced the service they received. Some people were

supported by family in representing their views and, if needed, they could be signposted to independent advocacy services.

The registered manager told us they particularly looked for a caring attitude when employing new staff and gave each applicant various scenarios in interview to assess this quality. They said they aimed to meet people's preferences, such as giving the option of male or female care workers. People could also be supplied with their staff roster, if they wished. Staff were trained in person centred care and the service checked this approach was embedded by observing care workers practice and seeking direct feedback from people about their care experiences.

Good

Is the service responsive?

Our findings

The social worker attached to the scheme told us the service was flexible in catering for people's fluctuating needs. They explained a significant number of people's needs had changed over a short period of time and that, "The response to these increases have been undertaken extremely well, with the service provider continuing to offer good quality, reliable support." A visiting professional told us, "The staff are just fabulous, they are so helpful. We really do work together like a team to give the tenant I help support the best care possible."

A range of assessments were carried out to identify people's needs and wishes regarding their care. Assessments included moving and handling, risk of falls, nutrition, skin integrity and personal care support needs, such as dressing. Separate assessments of the risks associated with people's care delivery were undertaken. An 'About me and my life' document was completed which included a summary of the person's life story, their communication needs, religious and cultural beliefs, and social interests. This ensured that staff had information about the person's lifestyle and preferences.

Care and support plans set out each person's goals and how care workers were to help achieve them. Plans were detailed and gave staff specific instructions for the support to be provided at different times of the day and night. The care and support plans were personalised to the individual and were written in the first person, as an aid to providing person-centred care. We noted that plans were often recorded sensitively and took account of the individual's physical and mental frailties. Each person had a log book where staff recorded the care given daily and commented on their well-being.

People's involvement in the assessment and care planning process was recorded in a service agreement. This agreement also confirmed they acknowledged receipt of the guide to the service, knew how to make a complaint, make changes to their care plan, cancel a planned call and what to do if their worker did not arrive.

The people we talked with were aware of their care plans and said that, if any changes were needed, they were done straight away. Relatives were also aware of their family member's care plan and were happy with the content. Relatives told us staff contacted them immediately about any concerns regarding their family member's welfare and that they were always kept informed of developments.

Each person's care was reviewed every three months. Any changes to the individual's needs or wishes were noted and recorded. Where necessary, risks to the person were re-assessed and any changes of important information were logged. A full re-assessment of needs was carried out annually. The registered manager told us a local authority social services team had also recently started their own reviews of people's care.

The contract for the service made provision for preventing people from becoming socially isolated. Whilst no activities co-ordinator was felt to be required onsite, one of the staff told us they organised most activities, along with some of the tenants living at the scheme. They said, "I help with activities a lot, although I don't have the official title. The tenants really enjoy the activities and I don't mind doing it as it is quite rewarding. I

always print pictures from events and put them in albums for happy memories." Some of the scheduled activities included crazy golf, animal petting, visiting choirs and entertainers, quizzes, bingo, and films. Staff and people did regular fundraising to pay for activities, prizes and equipment.

People said they appreciated the activities which were offered and most said they enjoyed joining in where they could. One person commented, "I am happy with the entertainment here, there is something for everyone, very well run and I really enjoy mixing with other tenants at the events as well." Some people socialised with one another independently. The registered manager told us people were encouraged to choose a member of staff of their choice to accompany them in going shopping or other activities in the community. People were also asked to contribute their ideas for new activities.

People were given information about how to complain or raise a concern in the guide to the service. People and their relatives told us they did not have any complaints and felt very comfortable in speaking to the staff or the registered manager. Records showed there had been no complaints made about the service. We noted a number of 'thank you' cards and recorded comments had been received. These complimented the quality of the service and identified specific staff members for thanks and praise.

Good

Is the service well-led?

Our findings

The service had a registered manager who demonstrated a good understanding of her regulatory responsibilities. She was supported in her role by a regional manager, meetings with her peers and the senior care workers accountable for the daily running of the service in her absence. The registered manager's hours were in addition to the staffing numbers, enabling her to focus on managing the service. A manager from the housing provider was also based at the scheme, and the registered manager reported they had a working relationship in co-ordinating people's housing and support.

People and relatives told us they felt the service was well managed. They described the registered manager as "lovely" and "very approachable". The registered manager told us she attended the regular coffee mornings held in the scheme, to make herself available to people and their families. People told us they felt listened to. One person said, "The manager is really nice and seems to have an open door policy where you can go and chat if you wish." Another person commented, "The care manager is great and a very nice person, down to earth and always listens."

The social worker attached to the scheme felt the service was well-led. They told us, "The manager is organised, thorough, methodical and approachable. The manager's approach is caring and considerate, fair and consistent and this cascades throughout the staff. Staff appear to have a great respect and the atmosphere within the building is always a pleasant, homely one."

The registered manager held staff meetings every three months, with the meetings taking place over two days to ensure all staff were able to attend. The meetings followed an agenda and covered a wide range of care-related topics. Examples seen included the administration of medicines, record-keeping, monetary transactions for people, lone working, mental capacity issues, safeguarding and nutrition. Meetings included the opportunity for staff members to ask questions, raise issues and have relevant discussions.

The registered manager told us the provider carried out regular reviews of serious incidents that had occurred within the company or in other care services. An annual review was carried out of the provider's services with regard to safeguarding, complaints and other themes. Lessons learned from these reviews were fed back to staff in meetings, supervision sessions and through memos, posters and flash cards.

Staff told us they were suitably supported and worked well as a team. Their comments included, "I really like it here. I work very closely with the care manager and get on well with her. The staff team are nice, we have the odd disagreement like most teams do, but I always speak my mind about anything and talk to the manager as well about anything" and "I feel having the care manager on site is great, because it means if there are any problems things get sorted straight away."

The provider cascaded information to staff through newsletters, reporting on current care issues and celebrating events and achievements throughout the company. Details were shared of the staff discount scheme, a 'refer a friend' reward, to promote recruitment, and commendations given to 'care heroes', workers who had gone the extra mile. Social media was also used to engage with staff and champion their

work.

We noted the service had recently won an award for being a Carer Friendly Community by the organisation Newcastle Carers. The service had been nominated by a relative who had stated, "The care workers are brilliant, they can't do enough for the residents, I trust them 100%."

The service worked inclusively with people and regularly sought their feedback about the support they received and any suggestions for improvements. A quality assurance visit to each person was undertaken quarterly, combined with a review of their care service. Areas checked included overall service provision; records; care workers' punctuality; adherence to the care and support plan; and respect for the individual's privacy, dignity, confidentiality and lifestyle. People were asked to sign to confirm they had been fully involved in this quality process, and that their views had been accurately captured.

Quarterly tenants meetings took place in conjunction with the housing provider. A quality survey was conducted annually with people. We saw that feedback indicated a high level of satisfaction with the service received and all comments were responded to in an action plan.

The registered manager used a branch reporting system to provide evidence and keep senior management appraised of the service's compliance with standards. In addition to internal checks and auditing, the regional manager visited monthly to assess the on-going quality of the service. The provider's quality team also undertook a quarterly audit. They looked at areas including safety and security; service management; any external reviews (for example, by the Care Quality Commission or Local Authority); records, comments and complaints, and feedback from people and staff. From this audit, an improvement plan had been drawn up that was reviewed each month by the regional manager. We saw that almost all areas identified as requiring improvement in December 2016 had been addressed.

During our inspection we highlighted that the quality system had not been fully effective in identifying recording deficiencies in medicines administration records. The registered manager told us these audits would be subject to much closer scrutiny and that standards would be reinforced with staff.

We recommend the provider makes arrangements to ensure there is more robust governance of the auditing of medicines.

The management told us about their plans for further improving the service. These included working towards full accuracy of medicines administration, aiming for all people to rate the service as excellent, investigate the use of technology to promote independence, and investing time in developing links with other agencies and care professionals.