

Comfort Call Limited

# Comfort Call White Willows

## 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

We carried out this inspection on 22 August 2018. This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

We checked progress the registered provider had made following our inspection on 7 June 2017 when we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, dignity and respect, receiving and acting on complaints, and good governance.

Following the last inspection, we met with the registered provider and asked them to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led to at least good. At this inspection we found improvements had been made and the service was no longer in breach of regulations.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using this service lived in flats within a purpose built building. Not everyone living at White Willows received support with personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Care and support is provided from 7am to 10pm, with an on-call service throughout the night for emergency support. At the time of this inspection there were 30 people living at White Willows who were provided with 'personal care' from Comfort Call.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Safe procedures were in place to make sure people received their medicines as prescribed.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager and team leader.

There were enough staff available to ensure people's care and support needs were met. The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

There was a clear complaints policy and procedure in place

People received personalised care. Care records reflected people's current needs and preferences. Care records contained up to date risk assessments and these were reviewed as required.

There was a range of activities available to people living at White Willows.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff were asked for their opinion of the quality of the service via regular meetings and quality assurance calls.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

## 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.

We found systems were in place to make sure people received their medicines as prescribed.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

There were sufficient numbers of staff employed to meet people's needs. Recruitment procedures made sure staff were of suitable character and background.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained and received regular supervisions.

People were supported to maintain good health and have access to health and social care services.

The registered manager, team leader and care staff had an understanding of the Mental Capacity Act 2005 and understood what this meant in practice.

### Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring, and treated them with dignity and respect.

Staff knew people well and were therefore able to provide person-centred care and support to people.

### Is the service responsive?

Good 

The service was responsive.

There was an up to date complaints policy and procedure.  
Feedback on the service was encouraged.

People's care records were up to date and regularly reviewed.  
This meant they reflected the person's current health and social care needs.

There was a range of activities available to people to join in if they wanted to.

### Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff told us the team leader and registered manager were supportive and approachable.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

# Comfort Call White Willows

## 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.

This inspection took place on 22 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us. The inspection team was made up of one adult social care inspector and one adult social care assistant inspector.

Before the inspection, we asked the provider to complete 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 used this information to help with the planning for this inspection and to support our judgements.

Before the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service has a serious injury.

Before the inspection we contacted staff at Healthwatch Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council contracts and commissioning service. They told us they had no current concerns about the service.

During the inspection we spoke with six people who lived at White Willows and two of their relatives. We met with the registered manager, team leader and regional manager. We spoke with six members of staff. We spent time looking through written records, which included nine people's care records, four staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

We checked progress the registered provider had made following our inspection on 7 June 2017 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because the registered provider had not ensured medicines were managed or administered in a safe way. During this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

We saw the registered provider had up to date policies and procedures for all areas of medicines management. These were readily available to care staff. Where people had been assessed as requiring support to manage their medicines we looked at their Medication Administration Records (MARs). Care staff were expected to sign the person's MAR chart to confirm they had given the person their medicines or recorded a reason why not. We found a gap on two of the MAR charts we looked at. We saw these had been identified as part of the weekly audit of every MAR chart and action taken to reduce the risk of this happening again. For example, we saw records on staff personnel files where medicines errors were discussed.

People's medicines were stored in their homes in a locked cabinet. They were kept in their original packaging and bottles, rather than dispensed into a monitored dosage system. There was a system in place for the registered manager or team leader to sign for the receipt of medicines delivered by the local pharmacy. There was also now a system in place to check the accuracy of the medicines delivered against what was requested. Unused medicines were returned to the pharmacy for destruction.

Care staff we spoke with confirmed they had received training in medicines administration and there were regular checks undertaken by managers of their competency in this area. Comments included, "We give medication to quite a few people, some are locked away in a cupboard. MAR charts dictate what we do and when we give them, four-hour gaps are always adhered to. The meds [medicines] training was done in house by Comfort Call [registered provider], we have supervisions where our competencies are checked too. MARS are audited every week" and "I do administer [medicines], I'm happy with receiving and administering medication. I have no issues or problems. We prompt people to take their medication as well, if it's required."

This meant people's medicines were stored safely and people were supported to take their medicines as prescribed.

All staff we spoke with confirmed they had received training in safeguarding adults from abuse. They were able to explain to us what possible signs of abuse could look like. They were confident any concerns they raised would be taken seriously by management and acted upon appropriately. Comments from staff included, "This [safeguarding training] was part of my induction over a week, we have refreshers every 12 months", "I had safeguarding training, I would report anything I was unhappy with straight to the team leader", "I've had training, I've got qualifications in safeguarding and vulnerable adults so no issues here. I fully understand everything" and "Yes, I have had all of this training, if I had any concerns I would ring the

manager or on call and then after that do whatever is necessary to help."

We saw the service had up to date safeguarding and whistleblowing policies and procedures. An employee 'blows the whistle' (becoming a 'whistleblower') when they raise concerns, either internally or externally, about malpractice or impropriety at work that is sufficiently serious that disclosure would be in the public interest. This meant staff were aware of how to report any unsafe practice.

Prior to this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. There were two in total. We saw they had been investigated and appropriate action had been taken by management to reduce the risk of repeat events. For example, an allegation of theft had been referred to the police. In addition to keeping a record of safeguarding concerns we saw the registered manager kept a record of any accidents and incidents that took place.

Where the service was responsible for handling money for people living at White Willows we saw this was recorded in their care records. All transactions were recorded on a financial expenditure sheet, and dated with change given, money spent and who by. We checked on the care records we looked at and all receipts were present and correct.

We saw people had up to date risk assessments on their care records. These detailed what the risk was, such as risk of falling, how high the risk was, and guidance for care staff on how these risks could be reduced. In addition, we saw there was an environmental risk assessment of each person's home. This was to identify any risk to care workers such as uneven flooring being a trip hazard.

This meant there were systems and processes in place to help keep people safe.

We checked four staff personnel files to see if the process of recruiting staff was safe. Two staff had been recruited within the last 12 months. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

The amount of care a person needed to support them to live at home was assessed by the local authority for 27 people living at White Willows. Another three people were assessed directly by the registered provider for the amount of support they required. The registered manager told us they would request the local authority undertake a review of the person's care and support needs if they felt they were unable to support the person in the time allocated. The registered manager told us there were usually four care workers employed in the morning and two in the afternoon. One care worker slept overnight at the service to respond to any emergency calls.

Everyone living at White Willows had a pendant alarm they could wear around their neck or wrist, and fixed alarm pull cords in each room in their home so people could always summon assistance if required. People told us they thought there were enough staff employed. Comments included, "I have a buzzer I can press to get the carers to come straight in and they come straight in whenever I have pressed it", "There's no problems with timings, I'm happy with when they come to see me. They make my toast for my breakfast", "The carers always come [on time] and if they've a spare minute they pop in and see me, they're smashing lasses" and "I have no issues with staffing [levels], they're all fantastic. Brilliant I would say."

Staff told us they always had access to personal protective equipment (PPE), such as plastic aprons and



gloves. We saw supplies were kept in people's homes and in the office. People told us staff used this equipment as required and washed their hands. We saw the induction for care staffed included guidance on the use of PPE, disposal of clinical waste and effective hand washing techniques. This meant there were systems in place to reduce the risk of the spread of infections.

## Is the service effective?

### Our findings

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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA.

All of the care records we looked at contained signed consent to care and treatment records to evidence people had been consulted and had agreed to their care and support plan. Where a person did not have capacity we saw confirmation of their registration of their lasting power of attorney and details of their attorney.

Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We asked care staff how they would seek consent from people. Their replies included, "We always make sure we ask before we do anything, We always ask the question because you don't know how they're going to feel. We ask [people] what they want to wear etc. and we never assume", "I just speak to them [people], that's a massive part of this job and talk to people constantly about what we're going to do next, they respond well to that" and "We ask people, it's simple and check consent plans in care plans."

Some of the people living at White Willows had been assessed as needing support with meal preparation, eating and drinking. Where this was the case, we saw this was identified in their care records, alongside their food and drink preferences. There was also a restaurant available on the ground floor of the building for anyone wanting a lunch time meal. This service was run by South Yorkshire probation service.

The care records we looked at showed people had support to access a range of health and social care professionals. We saw the registered manager had implemented a 'rolling record' to track visits from professionals. When any recommended actions had been completed the rolling record was then filed on the person's care record. This meant staff were aware of the outcomes of visits by any health and social care professionals.

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. Staff told us they received an induction to their jobs. Comments included, "I was happy with the induction. It was alright, personally different subjects I think could do with a bit longer like medication", "I did like it [induction] and it was informative, it could have done with more practical things" and "I did everything required [at induction], plus training refreshers. They [managers] let us know in advance when they're due." The induction included a week of training and shadowing more experienced members of staff.

For those care staff new to the role they were also expected to complete the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their

daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We saw completed 'observational shadow training and competency assessment and development' packs on staff personnel files. The pack covered all areas of care and support the new member of staff needed to be aware of, such as person centred care and communication. The packs also recorded when a three day staff competency assessment had been undertaken and the pack was signed off as finished when the member of staff had completed their 12 week probationary period.

The registered provider expected all care staff to complete mandatory training every year. This included subjects such as first aid, food hygiene, and moving and handling. Any practical training was classroom based. The remainder was undertaken by care staff reading an information book and completing the associated workbook to confirm their understanding of the subject. We looked at the training matrix which listed the mandatory training staff were expected to complete. The registered manager told us this information was stored electronically and the system automatically reminded them when training was due for each member of care staff.

Care staff we spoke with confirmed they received regular supervisions and appraisals, which they found useful. We also saw written records of these meetings regularly taking place on the staff personnel files we looked at. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. Comments from staff included, 'We have these [supervision and appraisal] and I do find them useful. We do most things every day so for someone to come and review it to make us better I like it and it's a break from our routine' and 'I find them [supervision and appraisal] useful and I have changed my practice as a result of supervisions.'

# Is the service caring?

## Our findings

We checked progress the registered provider had made following our inspection on 7 June 2017 when we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect. This was because we saw people were not always treated with dignity and respect. During this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

People told us staff treated them with dignity and respect. Comments included, "The staff treat me with respect" and "Everyone is lovely and kind, they [care staff] are respectful, they knock as well before they come in."

Staff were able to tell us what it meant to treat people with dignity and respect. For example, "I treat them as I would any of my family members and I treat them how I would treat my nan. I like to be honest and ask them what they want" and "If someone can do something for themselves we encourage them to do that and prompt them to do it themselves rather than us do it for them."

People we spoke with told us the staff were kind and caring. Comments included, "I'm happy with what's happening, I get on with all the carers and I sing to them sometimes. I know them very well who come and help me, I know all their names. [Name of team leader] is lovely. I think the world of her, she comes and sees me quite a lot. They're all very nice and polite", "The staff are all polite and friendly, I don't want to be on my own so it's nice to have company", "The carers are marvellous, they're all very friendly and they would do anything for you" and "I like living here, there's nothing that they [care staff] won't do for us."

Staff spoke respectfully about the people they supported and clearly knew them and their likes and dislikes very well. Staff told us they liked getting to know the people they supported. Staff told us, "We always read care plans when they [people] first start [move in] and if anything changes, we learn over time. If we see someone every day, they're like family. It's a really nice atmosphere here [at White Willows]" and "We [staff] read care plans and then speak to the person for their preferences."

Throughout the day of the inspection we saw people, their relatives, visitors and staff got on well together. We heard laughter and pleasant conversations between people and staff. People told us staff were good at listening to them and meeting their needs. One member of staff told us, "A couple of people struggle to hear but they aren't deaf, but we go down to their level and speak louder, it's about changing how we are and not come across like we're shouting."

We saw the service's policies and procedures, statement of purpose and service user guide promoted equality and valued diversity. For example, the 'White Willows Comfort Call Service User Guide' contained a 'Dignity Charter' for people to know what staff should be doing to ensure that their dignity was respected and promoted. For example, 'listening to you and taking your views and opinions into account' and 'treating you as an individual and making your service personalised'. Our conversations with people and staff confirmed the principles of the charter were being followed.

All the care staff we spoke with told us they enjoyed working at White Willows and would be happy for a relative to live there if they needed this type of care and support. One member of care staff told us, "I love it [working at White Willows]. I love to see people happy."

## Is the service responsive?

### Our findings

We checked progress the registered provider had made following our inspection on 7 June 2017 when we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints. This was because the registered manager had not always responded effectively to complaints. During this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

We saw the five complaint investigations that were being undertaken at the time of the last inspection had been completed and resolved by the regional manager. The registered manager told us there had been no more formal complaints since the last inspection. Our conversations with people confirmed this to be the case. One person told us, "I really like living here, I have no complaints."

The registered provider had an up to date complaints policy and procedure. We saw there was also information on how to complain in the 'White Willows Comfort Call Service User Guide'. The registered manager told us they had an 'open door' policy and had recently introduced a 'Friday Feeling' session on the first Friday of each month. This was where the registered manager and team leader were available in the main lounge to meet with anyone living at White Willows to discuss any concerns or answer any queries they may have. The registered manager told us no one had raised any complaints at these sessions. They explained the team leader had a 'open and solution focussed' approach and believed this had meant people no longer felt the need to complain.

We checked progress the registered provider had made following our inspection on 7 June 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the service did not maintain accurate, complete, and contemporaneous records in respect of each person living at White Willows in receipt of a service from Comfort Call. During this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

All the care records we looked at were person centred. With the person's permission we looked at some in people's homes and we looked at copies of other people's care records held in the office. We saw the information was provided, including in accessible formats when requested, to help people understand the care and support available to them in a format they could understand. The first two parts of the care record included information about the person and their life, including a social history, their communication needs, and any religious or cultural beliefs the person held. This gave useful information to help support staff to provide person centred care.

The main body of people's care records contained more detailed information regarding what was expected at each call and how the person wanted the support delivered in a way that best met their needs. Each area of daily living was assessed separately, such as personal care support and nutrition.

The registered manager told us care records were reviewed annually or sooner if people's needs changed. At

the time of this inspection this was done by completing the assessment forms again and the previous ones were archived. This did make it difficult to track when reviews had taken place.

The registered provider employed an activity coordinator who worked three days a week, including Saturdays. People told us there were activities available to them. Comments included, "There's activities I can join in if I wish, I do go to bingo Tuesdays and Thursdays and Saturdays but you can attend whenever I feel like it", "Staff help me with my arts and crafts, I do a lot of word searches as well on my own but [name of activity coordinator] comes on a Monday and helps me to knit and make crafts, she's very good. She's lovely" and "I take part in the activities that happen here when I feel like it but I like to watch TV in the afternoons at home."

On the morning of the inspection we saw staff engaging with people in a board game and drawing. People were enjoying themselves, drinks were offered and it was a relaxed atmosphere. Other activities had included a recent day trip to Cleethorpes and we were told singers also came and performed at White Willows, approximately twice a month.

## Is the service well-led?

### Our findings

There was a registered manager in post. They were, and continued to be registered manager for another of the provider's extra care housing schemes. They were now also the registered manager for White Willows. A team leader was employed at both schemes to manage the day to day running of the service and reported to the registered manager.

People and staff told us the team leader and registered manager were responsive and approachable. Comments from people and their relatives included, "Now and again I see the [registered] manager here, I know who she is and she's lovely", "I know the [team leader] here. She's called [name of team leader]. I like her, she's very nice and genuine" and "[Name of team leader] did go the extra mile when [name of relative] was very poorly, she's a credit to the organisation."

We checked progress the registered provider had made following our inspection on 7 June 2017 when we found a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance. This was because quality monitoring systems had not been established and operated effectively to ensure compliance with regulations. During this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us people's MARs and communication books were audited in the person's flat every week by the team leader or registered manager.

Communication books needed to be completed every time a care worker visited a person and give a brief summary of the support provided. We saw evidence of these audits taking place every week on the care records we looked at. Where errors or gaps in recording had been identified we saw these were followed up with the member of staff involved. On the staff personnel records we looked at we saw records of formal discussions taking place regarding the completion of communication books. The MARs and communication books were audited again by a different manager when they were completed and returned to the office, approximately every three months.

The registered provider used an electronic 'Branch Report System (BRS)'. This recorded every accident, incident and complaint regarding each person receiving a service from Comfort Call. This was audited by the regional manager every three months. Any trends and lessons learnt were discussed with the registered manager in their supervision with the regional manager.

We asked people and staff if they were asked for their views on the service and given opportunities to make any suggestions for improvement. For example, this can be done via meetings and questionnaires. Staff told us there were regular team meeting and we saw records of these taking place every three months. We saw the meetings followed a set agenda from the registered provider with time allocated at the end to discuss any local issues or concerns. Staff told us they found these meetings informative. Staff who were unable to



attend these meetings were expected to read the minutes and sign them to confirm their understanding.

On people's care records we saw evidence of regular quality assurance telephone calls and home visits undertaken by the team leader or registered manager. They included questions about what time care workers arrived, how long they stayed and whether the person felt they were treated with care and respect. All of the records we looked at were overwhelmingly positive about the care workers and the support the person received.

We reviewed the service's policies and procedures. The registered provider had created the policies and procedures for all its services. We saw they covered all areas of service provision and were up to date. This meant they reflected the most recent legislation and good practice guidance. Staff we spoke with told us they had access to paper versions of the policies and procedures and we saw these were available electronically and in the manager's office.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

The registered provider continued to ensure the ratings from their last inspection were displayed in the office and on their website.