Comfort Call Limited

Comfort Call Tameside

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

The last inspection of Comfort Call Tameside was carried out on 13, 14 and 19 August 2015. The overall rating for the service following that inspection was 'Requires improvement'.

Following the inspection the provider sent us an action plan detailing how the identified breaches would be addressed. This inspection was to check if satisfactory improvements had been made and to review the ratings.

This inspection took place on 28 February and 1, 3 March 2017. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

Comfort Call Tameside provides care and support to people who require the services of a domiciliary care agency. The offices of the agency are situated in the Tameside area of Manchester.

A registered manager was in post. 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.

People told us they felt safe in the support and care of the staff who worked for Comfort Call Tameside. Staff completed training in safeguarding adults as part of their induction training which was then refreshed on an annual basis.

We found that staff were recruited using a robust recruitment process and all pre-employment checks were satisfactorily completed before a person started working for the agency.

The service followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records and staff spoken with confirmed they had received training in these topics.

People were supported by staff that had received regular training and on-going supervision and appraisal. Staff told us that the training and management support provided them with the knowledge and skills to carry out their jobs.

People who used the service told us that staff were cheerful, very caring and patient.

Staff we spoke with confirmed that people's care plans provided enough relevant and appropriate information to enable them to know and understand people's needs and how they were to support the person so that their needs would be met.

When people first received a service from Comfort Call Tameside they were provided with a 'service user guide' in which the complaints procedure was explained. People who used the service told us they were aware of the formal complaints procedure and would feel confident in raising a concern or complaint.

The provider had used annual survey questionnaires to gain people's views about the quality of service being provided.

The registered manager provided evidence of regular audits they completed to check the quality of service provision. These audits included training, medicine management, staffing and health and safety matters. Other audits included regular reviews of care plans and risk assessments and spot checks whilst staff carried out their caring duties.

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 told us they felt safe when their care support was being delivered.

Medicines were administered safely. Staff were trained in medicine administration and had their competency checked.

Staffing rotas were fully covered at the time of the inspection based on risk assessments of people's individual needs.

Is the service effective?

Good

The service was effective.

People using the service were encouraged and supported to make decisions and remain as independent as possible.

Staff received training and supervision to support them in their job roles.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received.

Staff confirmed they were provided with enough information to support people according to their identified needs.

Staff we spoke with described how they would promote people's dignity, privacy and respect when providing individual care.

Is the service responsive?

Good

The service was responsive.

People were supported by a consistent staff team.

Staff were knowledgeable about people's support needs.

Complaints were taken seriously by the agency.

Is the service well-led?

Good

The service was well-led.

A manager registered with the Care Quality Commission was in post.

Staff were supported by the registered manager and senior management team.

The quality of service was consistently monitored, including requesting feedback from people using the service.

Comfort Call Tameside

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 announced inspection took place on 28 February, 1 and 3 March 2017 and was carried out by one adult social care inspector and one expert by experience. We informed the registered manager that our visit would be taking place because the location provides a domiciliary care service and we wanted to ensure the registered manager was available to support our visit. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. On 3 March 2017 the expert by experience telephoned people who used the service to gain their views and opinions about the service they were receiving from Comfort Call Tameside.

Before we visited the service we reviewed the information we held about the service, including the Provider Information Return (PIR) that the provider had completed in August 2016.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 also reviewed information we received since the last inspection including notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events.

At our inspection in August 2015 the service had an overall rating of 'Requires improvement'.

At the time of this inspection Comfort Call Tameside was supporting approximately 234 people who were living in their own homes. Some people were paying privately to fund their own care, some had their care support funded by the local authority and others were funding their own care through direct payments.

On 28 February and 1 March 2017 we visited the offices of Comfort Call Tameside and spoke with the registered manager, service improvement manager (quality team) and the regional manager. We also spoke with three care staff, two senior care staff and three care coordinators. We also viewed a range of records about how the service was managed and how people's care was planned and delivered. These records

included care records for four people, including their medicine administration records (MAR's), personnel records for four staff, training records, quality assurance audit records and findings from annual survey questionnaires the provider had sent to people. On March 3 we telephoned and spoke with nine people, including relatives, who were using the services of Comfort Call Tameside to find out how they found the service they were receiving.

We also checked that the previous Care Quality Commission rating for the service (Requires improvement) was prominently displayed for people to see. The last inspection report and rating was displayed in the main entrance of the agency.

Good

Is the service safe?

Our findings

Following our last inspection of the service in August 2015 we found that the management of medicines was not safe. We found that medicine administration records (MARs) had not always been completed correctly. All MAR's seen had been hand written by staff, but details of each individual medicine had not been recorded or described. This meant that accurate records of medicines were not, at that time, being maintained. We also found gaps on the MAR's where staff had not signed to say medicines had or had not been administered, with no explanation in the daily record to say why this had occurred. Abbreviations (key) were available for staff to use to identify any reason why medicines had not been administered, but we found that staff had not always used these correctly which meant it was not possible to tell if someone had been provided with their medicines or not.

These findings resulted in a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked that all staff had received training in the safe administration of medicines, and records, and staff spoken with, confirmed that they had. Staff had received a yearly update of this training to ensure that they still had the knowledge and skills to carry out this task safely. Competency checks had also been conducted by senior care staff during spot checks. We saw from information recorded on these checks that any issues identified were then used as part of the individual staff's supervision or they were required to attend further training.

MAR's were contained within the Home Care Report Book that was part of each person's care plan file which was kept in their home. These report books were returned to the office for auditing and archiving between one and two months after the start of using the book. We looked at the latest books returned to the office and found that they had been fully audited by a senior carer worker. We found the records contained full details of each medicine prescribed and had been fully completed by staff at the time of the medicines being administered. If there was a reason why a person had not taken their medicine, the reason for this was recorded using an agreed abbreviation (key).

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

Only one person who we spoke with received support from staff with their medicines whilst other service users self- administered or received support from their family member. The person who received support told us, "The meds are prompted and every box has a leaflet and the time taken is recorded."

All of the people we asked, who received a service from Comfort Call Tameside, told us they felt safe in their own homes and felt protected. Comments received included, "Safe, yes I do [feel safe] because I have the same people [carers], they knock on the door before they enter….they use my key safe, always a hello" and "Oh, yes, knock on the door and show their ID badges…"

Another person told us, "Yes, I do feel safe with them…the carers stayed with me until the ambulance came and they transferred me to the stretcher as the ambulance people couldn't."

People were also asked if they had any reason to report any concerns. Of the eight people we spoke with, two said they had previously raised a concern, but all comments were positive, for example, "No complaints whatsoever" and "No problems really, pretty good. Only thing, times are variable, had them two years now but two calls have been late."

Policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm and reporting any incidents appropriately. Our discussions with the registered manager confirmed they were fully aware of the local authority's safeguarding adults procedures and the action to be taken to report incidents.

Staff spoken with told us what action they would take should they suspect someone was at risk of abuse and also confirmed they had received training in this subject. They also said that they were confident that any reports or concerns about abuse made to the registered manager or senior staff would be responded to immediately with appropriate action being taken.

Accidents and incidents were monitored by both the registered manager and care coordinators. We saw that appropriate action had been taken in response to any accidents or incidents to make sure people remained safe. Staff spoken with confirmed that they reported any concerns to the registered manager, care coordinators or senior care staff and completed any required documentation. Where accidents or incidents had occurred, we saw evidence that the registered manager or a senior member of staff had visited people to carry out a review of the situation, complete a re-assessment and update care records to reflect any changes. This meant that action was taken to minimise the risk of the same thing happening again.

We asked people using the service or their relatives if they thought there were enough staff available to make sure their needs were met. Comments we received included, "Once or twice staff have not turned up, they do apologise if late", "Always seem to have cover but struggle in the office, touch wood I have not been let down" and "They were short-handed last week, the 9pm bed call did not come." They went on to say that they rang the out of hours service to cancel the call, put themselves to bed and took their medicines.

Other comments included, "They [staff] are rushed off their feet", "They always come, sometimes they are late but they had to wait for an ambulance for someone else", "Yes, I find it is always the same staff [who come]." One person told us they had fallen and hit their head on the door and "when the staff came they noticed I was not alright, they rang the doctor and waited until an ambulance came to take me to the hospital." This highlighted the concern shown by staff but also the impact this could have on other calls needing to be carried out.

At the time of the inspection there were approximately 71 employees working at the agency, including seven new staff that were on induction. We were provided with copies of the staff rotas which indicated that rotas were fully covered, with regular staff covering for annual leave, sickness and short notice absences. During our time in the main office of the agency we heard coordinators taking phone calls and making phone calls to cover for staff absence and these were done efficiently and in a timely manner. Staff we spoke with told us that they received their rotas on time to allow for planning visits, with changes only being made to ensure people did not miss a visit if their regular staff was unavailable.

Within the Provider Information Return (PIR) we were told that the agency used a 'very robust recruitment process' when employing new staff. We looked at four staff personnel files. We saw staff had been recruited

in a safe way. All appropriate and required checks had been undertaken, for example, fully employment history, two appropriate references had been obtained, one being from the person's current or last employer and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal records check on people who apply to work with vulnerable adults or children. Such checks help employers to make safer recruitment decisions. Staff spoken with confirmed that face to face interviews had taken place and they were subject to satisfactory pre-employment checks being completed before they were allowed to start working for the agency.

Good

Is the service effective?

Our findings

We asked those people we spoke with if they thought staff were sufficiently trained to meet the needs of the people they provided support to. Their comments included, "Yes, they are trained well, knowledgeable on slings and hoists. They encourage [name] to use them", "Definitely [trained], they know what I prefer" and "[staff have] done all the training, they are very good."

Some people using the service required support at meal times and those people we spoke with told us, "You can choose what you want to eat, cereal, tea, toast, I've no complaints" and "Last week was soup and toast, that's what they did for me. Normally it is a sandwich, fruit and biscuits." One relative told us, "They [staff] leave the breakfast out for [name], and leave a trolley in front of them in the lounge with fruit juice, banana and a cup of tea."

We asked people using the service if they were supported to remain as independent as they could be and comments received included, "Oh, yes. They [staff] make [name] drink tea properly and hold the cup properly. They also take [name] out to the market and get [name] to choose meat for their tea", "They [service user] are as independent and involved as can be", "I am independent, I do what I can for myself…I don't sit there expecting them to do it all" and "They [staff] promote independence where possible."

Within the Provider Information Return (PIR) we were told that, 'the staff receive a robust induction programme and this training is then updated in line with company policy, some courses are updated annually and some every two years. We source support, guidance and training opportunities to meet the individual service user's needs. We have a strong partnership with our training provider who is an established national training provider.'

Staff personnel records and discussions with staff demonstrated staff had undertaken an induction to the service when they first started working for the agency. They also told us that they linked to an experienced member of staff to shadow until they felt settled and confident in their new role.

We were provided with information about staff training. The registered manager told us that the organisation had their own in-house training manager who provided training to all staff at the agency office. New staff were provided with at least three days induction, with participation in the agency's required mandatory training including for example, moving and handling, safeguarding, safe handling of medicines, health and safety and food hygiene. Following staffs initial induction, mandatory training was then refreshed on an annual basis, or sooner if required.

The registered manager confirmed that newly employed staff who were also new to health and social care would complete the 'Care Certificate'. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed by Skills for Care, Health Education England and Skills for Health and while undertaking the care certificate is not mandatory it is considered good practice.

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 those staff we spoke with had a good understanding of this legislation.

Staff we spoke with told us they felt supported in their role and that there was always at least one member of the management team available, either based in the office or on-call to discuss issues or concerns with. All coordinators and senior care staff had received Field Management Training (FMT), with two staff receiving FMT specifically in managing medicines. This meant that staff had direct support in the community of senior staff to help address any urgent issues and also it enabled senior staff to carry out competency checks with staff on topics such as medicines support and delivery of care to people using the service.

Staff spoken with said they received regular spot checks and medicine competency checks carried out by senior staff, whilst carrying out their duties. They also told us that they received individual and team supervision and an annual appraisal. Those staff personnel records we viewed contained relevant documentation to confirm this.

Good

Is the service caring?

Our findings

We asked people using the service for their views of the staff, if they found them to be friendly and how they interacted with them. Comments we received included, "They [staff] are quite cheerful, they cheer [name] up. They sing songs of the wartime as they are moving [name] from the bedroom to the bathroom", "They don't rush and are caring, they even pointed out a ladder in [name] stockings", "Caring, yes they are, 100% they are" and "Very caring, very patient." Another person told us, "One [staff] was not friendly, they were rushing and treated me business like and did not listen to me…this got me down and I was in tears so I spoke to the person in charge. That person [staff] has not been back."

Within the Provider Information Return (PIR) we were told that the agency, 'ensured that each individual's care is agreed with them in advance and that this is delivered in a way which will assist them to achieve their goals, outcomes and aspirations. We encourage all of our service users to make choices and decisions about their care and daily living tasks in line with their mental capacity [abilities].'

Staff we spoke with told us that people and their relatives (or advocates), where appropriate were involved with the person's care planning, support details and reviews. We asked people using the service if they were involved in their care planning and review process and their comments included, "They [staff] sit down and go through every item with me", "Care plan, the social services will sort it out and get involved. We did a review a couple of months ago", "We had a review in September, with a head from Comfort Call and district nurse, it was all planned" and "One of the seniors sat down and went through a review once a year."

Staff we spoke with confirmed that people's care plans provided enough relevant and appropriate information to enable them to know and understand people's needs and how they were to support the person so that their needs would be met. Communication records in each person's care file indicated that staff involved in the person's care support communicated with the person, their families and other health professionals.

We also spoke with two people's relatives who told us, "The care plan had stuff on there I didn't know about…just presented , not told about a review, only the doctor mentioned it" and "It's my cousin who sits down and goes through that [care plan]."

Staff described to us how they promoted people's dignity and respect when providing individual care and support. One member of staff told us, "I always ask the person what they would like me to do when I'm assisting them, especially with any personal care. It's really important you remember to respect their rights to privacy, dignity and respect. I treat people as I would like my own relative to be treated if they were receiving care and support from an agency."

Good

Is the service responsive?

Our findings

We asked people if they had opportunity to discuss or choose the member of staff that they would like to provide their personal care and the majority of people we spoke with said that they had had the same carer or carers for a long period of time. Comments included, "I have had the same carer for fifteen years", "It doesn't bother me who does it, as I have been disabled for many years" and "I am confident I could sort it out [who I would like] in a subtle way."

In our discussions with the registered manager and senior staff team it was confirmed that people had an individual assessment of their needs conducted before any service was provided. People were usually referred to the service by a local authority, who supplied the service with an assessment of the person's needs. Following on from the receipt of this assessment information, the registered manager would arrange for a senior member of the staff team to carry out a home visit or visit the person in hospital in order to carry out an initial assessment of need on behalf of the service.

If, after this initial assessment, it was considered that the service could meet the person's needs, care plans would then be developed detailing the care and support the person would need. The person or their relative / advocate would be taken through the care planning process, and if in agreement with the details, would be asked to sign the care plan and consent to care forms. A copy of all documentation would be placed in the person's home and a copy kept at the agency's office.

Within the Provider Information Return (PIR) we were told that 'care plans were redesigned and implemented to ensure that we were using a document which allowed the service plans to be person centred, tailored to meet the individual's needs, aspirations and goals and to achieve desired outcomes.'

We looked at four people's care plans. Care plan documentation was in the process of being updated to a new format and we could see that work had taken place to make sure that information in the care planning documentation was person centred and relevant. Each file contained assessments that had been carried out to identify people's individual support needs and the care plans contained appropriate information detailing how these needs should be met. Documentation included information about the person's background and previous lifestyle, medical conditions, making decisions, best interest meetings, and social activity interests. Staff spoken with told us that they referred to people's care plans on a day-to-day basis to ensure they kept fully up to date in case a person's needs change and how those needs should be met.

Care plans were being reviewed on an annual (yearly) basis or more frequently if a person's needs changed.

Staff spoken with were aware that people's needs could change and were knowledgeable about the people they provided care and support to. They had been involved in developing personal profiles of each person which included the person's background history, social interest, likes and dislikes and any medical or health conditions the staff needed to be aware of. Such information helped staff to provide an individual and personalised service.

People who used the service told us they were aware of the formal complaint procedure and their comments included, "If I needed to complain I would go to social services", "I would send the complaint to the address where I pay the bill to", "If I had a complaint I would probably complain to Continuing Care" and "I would get onto my cousin, or I would tell them [agency] myself." The complaints process for the service was detailed in the information given to people when they started receiving a service from Comfort Call Tameside.

We looked at the complaints records kept by the agency. Each complaint that had been made had been logged individually and a complaint investigation report completed. The report detailed the summary of the complaint, investigation methodology, findings and corrective and preventative actions. We saw evidence in response to some of the complaints that, staff had been brought in for supervision, spot checks had been carried out whilst staff were working, a letter of apology sent to the complainant and multi-disciplinary team meeting held. All complaints were also logged on an electronic computer system and were monitored by the regional and quality team managers for the service.

Good

Is the service well-led?

Our findings

We asked eight people we spoke with to give Comfort Call Tameside a rating out of ten for the service they provided. One person scored the service with a ten, four scored a nine and three scored an eight. Their comments about the service included, "I don't have any complaints whatsoever", "Not really had any reason to complain", "Very good they are" and "They [staff] were delayed and no reason given."

The registered manager at the service had been in post since February 2015. Comments from staff about the management support they received included, "I can honestly say I have good support from the management team and the quality team from head office. We now get far more support than when we had the last [Care Quality Commission] inspection", "We have a great manager who is very supportive, as are all the senior team", "We have a very thorough manager, wants to know all the details of anything that might be a concern, like a medicines error. She is really supportive. We have a really good team in the office" and "We have a brilliant manager, the best manager I've ever had, she actually manages the service."

Within the Provider Information Return (PIR) we were told that the registered manager received 'extended support from the Regional Manager, Regional Director and Managing Director. They provide overarching support and guidance while also monitoring the service'.

During our inspection we had the opportunity to meet the regional manager and the quality team service improvement manager for the Tameside branch of the agency. In our discussion with them and the registered manager it was confirmed that the electronic management system used by the organisation called Branch Reporting System (BRS) was accessible to all senior management, whether based at the branch or at the head office. The information this system provided to management teams was being utilised to drive initiatives to enhance and build on the quality and delivery of service.

The registered manager provided evidence of regular audits they completed to check the quality of service provision. These audits included training, medicine management, staffing and health and safety matters. Care coordinators and senior care staff also had the responsibility for carrying out audits of all the care plans. They also had the responsibility for carrying out a file review of each care plan and medication administration record returned to the office at the end of each month for archiving. We saw evidence of the last batch of returned records and saw that actions had been identified for staff to complete, which were then checked by the registered manager to make sure appropriate action had been taken.

The Care Quality Commission (CQC) were kept informed of any incidents at the service as required by the regulations. The registered manager confirmed that all notifiable incidents were reported to the CQC and all were up to date and had been submitted.

The registered manager told us that regular staff meetings were used to gain the views of staff and to share relevant information about the service through informal discussions. Staff we spoke with confirmed that these meetings took place on a regular basis and would cover topics such as health and safety, safeguarding and good communication systems. We also saw that the regional manager kept staff informed (via memos)

of any concerns that had been raised, via the auditing process, about working practices, for example, poor recording in log books and medication administration records. These memos clearly identified the action the individual staff member should take to rectify any shortfalls in their practice, which was then monitored via spot checks and individual staff supervision.

Care coordinators and senior care staff carried out 'spot checks' whilst individual members of staff were carrying out their duties in people's homes. These checks were conducted to make sure staff were providing support tasks to people using the service appropriately, using correct procedures, for example, when moving and hoisting a person and assisting with medicines. Records of such checks were seen on individual staff personnel files and could be used during individual supervision with their line manager. Records seen, indicated that such checks had been effective to support staff in improving their caring practice.

An annual (yearly) quality questionnaire was sent out to people using the service by the registered provider. This questionnaire was to gain the opinions and comments about the service being provided from the people directly and / or their representative. We were provided with the results from the last survey conducted in June 2016 and of 269 surveys issued, the total number of completed and returned surveys numbered 74. The results were fed back to people via February's monthly newsletter sent out to all service users and included details of any action to be taken following the results of the survey. People were encouraged to contact the office if they had any questions about the results of the survey.