Comfort Call Limited

Comfort Call - Old Mill House

Inspection report

Old Mill Lane
Grotton
Oldham
Lancashire
OL4 5TS

Date of inspection visit:
25 July 2017

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30 August 2017

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced comprehensive inspection on 25 July 2017.

Comfort Call Old Mill House provides 'Extra Care Housing'. Extra Care Housing supports people to live independently in their own homes within a community setting. Old Mill House has 42 self-contained apartments, several lounges, a restaurant, laundry and a garden. The maintenance of the building and grounds is managed by Housing & Care 21. This is a not-for-profit organisation which manages a number of sheltered and extra care housing schemes on behalf of Oldham Council. Care and support services at Old Mill House are provided by a team of on-site care staff who are part of the 'Comfort Call' organisation. Day-to-day management of the building is carried out by a 'court manager'. Overnight there is a concierge who looks after the building and responds to any emergency calls from people living there. Some of the people living at Old Mill House were not in receipt of care. However, at the time of our inspection 21 people living there were receiving care and support from the on-site care team.

At the time of our inspection there was a person who was in the process of registering with the Care Quality Commission to become the registered manager of the service. However, this process was not yet complete. 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. The day-to-day management of the care team was carried out by a care coordinator, who was present at our inspection.

People who used the service and their relatives told us they felt safe with the service provided at Old Mill House. Staff had a good understanding of the procedures needed to keep vulnerable people safe and what action they should take in order to protect people in their care. Recruitment procedures were robust and ensured new staff were suitable to work with vulnerable adults.

All new staff received an induction. Staff received regular training which equipped them with the skills and knowledge required to care and support people. All staff received regular supervision to support them in their roles.

The service was working within the principles of the Mental Capacity Act (2005). Staff sought consent before undertaking care and support, offered choice and encouraged independence.

People were complimentary about the caring nature of the staff and told us they were always treated with dignity and respect. Care plans were person-centred and were reviewed regularly to ensure the information was relevant and up-to-date.

There was a complaints procedure for people to raise any concerns they may have.

Regular staff meetings were held to discuss issues around the service and provide feedback to staff. Weekly and monthly audits and checks ensured the quality of service was monitored.

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.

Arrangements were in place to safeguard people from harm and abuse.

Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

Arrangements were in place to ensure medicines were safely administered.

Is the service effective?

Good

The service was effective.

New staff completed an induction, followed by regular refresher training.

All staff received regular supervision and spot checks of care delivery were carried out. These helped the provider monitor the standard of care provided by their service.

Staff respected people's choices and always gained consent before care delivery. The service was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People we spoke with were complimentary about the staff and about the support they received from the care team.

People were treated with dignity and respect.

Staff helped people maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and reviewed regularly to ensure the information was up-to-date and relevant.

There was a complaints procedure for people to voice their concerns. The service responded to any concerns or incidents in an appropriate manner.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service did not have a registered manager. A person was going through the CQC application process to become the registered manager. A service cannot be judged as good in this domain if there is no manager registered with the CQC.

There were systems in place to monitor the quality of care and service provision.

Meetings were held regularly to ensure important information about the service was discussed with staff.

Comfort Call - Old Mill 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 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 the 25 July 207 and the first day was announced. The inspection was carried out by one adult social care inspector. We contacted the registered manager 48 hours prior to our visit and advised them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager and relevant staff would be available to answer our questions about the service.

Before our inspection we reviewed information that we held about the service This included safeguarding and incidents notifications which the provider had told us about. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We sought feedback from Oldham Healthwatch and Oldham's Local Authority Quality Assurance team. We did not receive any negative feedback.

During our visit we spoke with the care coordinator, the area manager for City and County Healthcare Group which is the parent company, three care staff and two people who used the service. Subsequent to our inspection site visit we made telephone calls to four relatives to get their opinion of the care that was provided.

As part of the inspection we reviewed three people's care records, which included their care plans and risk assessments. We also reviewed other information about the service, including three staff personnel files with their recruitment and training records, the complaints records and the records of accidents and incidents.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt safe with the care provided by the care team. One relative told us ''Mum is kept safe'' and another said ''There hasn't been a single person she has felt awkward with.'' One relative said ''It's a relief to know that she's safe.''

The service had an up- to-date safeguarding policy in place and all concerns were passed to the local authority safeguarding team on a monthly basis. We saw individual staff training records showed they had received training in safeguarding during their induction period and all staff received a yearly refresher course on this topic. Staff we spoke with understood what constituted abuse and the importance of reporting any concerns they had about poor or unsafe practice. One person said ''I would raise a concern with my senior.''

There was an effective recruitment and selection procedure in place. We looked at three care worker recruitment files and found that they contained copies of a completed application form with employment history, interview questions, two references, literacy and numeracy assessments, photographic identification documents and a Disclosure and Barring (DBS) check. These checks help the provider make informed decisions about a person's suitability to be employed in any role working with vulnerable people.

We looked at the systems in place for the administration of medicines. Records we saw showed staff were trained in medicines administration during their induction period and then subsequently every year. People's ability to manage their own medicines was assessed when their care package was arranged. Some people needed full support to remove their medicines from a 'blister' pack, whereas others were able to do this, but needed reminding to take their medicines at the prescribed time. Whatever level of support people received, staff signed a Medicines Administration Record (MAR) to say that they had assisted the person to take their medicines. MARs were contained within the Home Care Report Book which was part of each person's care documentation file. This was kept in their apartment. We reviewed medicines administration records (MARs) for five people and found they had been completed correctly. MARs were handwritten and those we saw were neat and legible and contained all the relevant information to ensure medicines were given correctly. This information had been transferred from the 'blister pack' and included special instructions, such as 'suck or chew this medicine' or 'can cause drowsiness'. All MARs were audited on a weekly and monthly basis to ensure they had been completed correctly. One senior carer told us '' the seniors check, but it's everyone's responsibility.''

There was a process in place which was followed if a medicines error was identified. This involved a full investigation as to why the error occurred, notification to the CQC and the local safeguarding team and a supervision meeting with the person who made the error to help prevent a re-occurrence.

Staff helped protect themselves and the people they supported from the risk of infection through the use of personal protective equipment, such as disposable gloves, when carrying out personal care tasks. A supply of gloves was stored in the office. Plastic aprons were not routinely worn, although one carer told us that they had worn them when caring for a person who had a particular infection. All staff received training on infection prevention and control during their induction and subsequently on a yearly basis.

Accidents and incidents were monitored and analysed by the care coordinator and by the parent company City and County Healthcare Group. Where these occurred a full investigation report was completed. This included information about the type of incident, who was involved, what happened and what remedial action had been taken to prevent a reoccurrence of the incident. Following any accident or incident a quality assurance follow up visit was carried out to check that the service user was happy with the way the investigation had been handled.

The service identified and managed risks appropriately. People's care files contained risk assessments identifying hazards that they might face, such as risks associated with mobility. Environmental risk assessments were also carried out which identified potential hazards to carers, such as poor lighting, cluttered spaces, and electric appliances. Where risks had been identified, plans were in place to provide guidance as to how they should be managed and people kept safe. For example one risk assessment had identified that a person using the service smoked. Guidance had been put in place for managing this risk, including asking the person not to smoke when carers were present.

People we spoke with told us they felt there were sufficient staff and that they generally saw the same carers regularly. The service did not use agency staff, as regular staff picked up extra shifts caused by staff sickness.

Good

Is the service effective?

Our findings

People who used the service and relatives were happy with the support provided at Old Mill House. One person, who was recovering from a recent illness, told us ''They have really looked after me. Whatever I've wanted to make me feel a bit better they have provided. Nothing has been too much trouble for them.'' A relative told us ''I have been extremely impressed with the care''.

We saw from the staff personnel files that all new staff received an induction. This consisted of face to face training in principles of care, the organisation, policies and procedures and communication. They then completed an ''Introduction of Caring – learner work book''. New staff also received basic training in a range of other subjects, including food safety, infection control, first aid, nutrition and hydration, privacy and dignity, diabetes, dementia and assisting and moving. Staff worked alongside an experienced member of staff to shadow for three or four shifts, or until they felt settled and confident in their new role. Training in the induction period ensured new staff had the skills to care for people safely. Newly employed staff who were also new to health and social care completed the 'Care Certificate'. This is an identified set of standards that health and social care workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of the training of new care workers.

We saw certificates which confirmed that staff had undergone a variety of training, which provided them with the skills necessary to carry out their roles effectively. This included safeguarding vulnerable adults, medicines management, stroke awareness and moving and handling. All care staff were trained in the practical aspects of moving and handling. This included the use of ceiling track hoists, mobile hoists and electric beds. This gave them the skills to move people correctly and safely.

Staff received regular face-to-face supervision sessions. These are meetings held between a member of staff and their manager to review progress, address any concerns and look at future training needs. Supervision records we looked at showed that the first part of the meeting was used to discuss general employment issues, such as rotas, record keeping and uniform code. A more detailed discussion then followed, often focusing on a particular topic, such as nutrition, dignity or record keeping. For example, one supervision record showed the topic under discussion was medicines record keeping, as omissions had been identified on a particular chart. The supervision focused on what and why this had happened and planned an action within a time frame to prevent a similar occurrence in the future. Care staff were also subject to spot checks, where senior staff made an unannounced visit to observe care delivery to check it was being carried out to the required standard. The care coordinator we spoke with told us ''I'm a stickler for spot checks.'' Staff supervision and spot checks help a provider monitor the standard of care provided by their service.

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. We found that the service was working within the principles of the MCA.

Staff received training in the MCA which informed them about issues of capacity, choice and consent. People we spoke with told us that staff always asked their consent before carrying out care tasks. One person told us ''They give choices to me. I still feel very much in control of what happens to me.'' One staff member told us how they had worked with a person who did not want to follow particular instructions provided by a health care professional. A best interest meeting had been held to discuss this person's decision to decline the health care professional's advice. Care files we viewed showed that support plans had been signed by people using the service to show that they had agreed to the care provided. This meant that people's right to be involved in decisions about their own care was respected.

As part of their care package some people received support with meals. Staff were allowed to prepare simple snacks, heat up prepared meals in a microwave, or make sandwiches. Sufficient cold drinks or flasks of hot drinks were provided to ensure people were adequately hydrated. Some people were supported by staff to visit the on-site restaurant for meals. This was open from Monday to Friday.

Good

Is the service caring?

Our findings

We received many positive comments about the service and about the caring nature of the staff from people and their relatives. One person said ''They are brilliant'' and another said ''I always have a hug with them.'' One person told us how the carers had been particularly supportive to their relative following a bereavement and another person said ''They provide companionship''.

Staff had received training in privacy and dignity. We asked staff how they ensured people maintained their privacy while providing care and support and they were able to provide us with many examples. One staff member told us they would always ensure a person had a towel around them whilst changing. Another carer told us about a person who was very shy and private and how they helped this person with their personal care in a respectful manner. All the people we spoke to who received care and support told us staff treated them in a caring and kind way. One person told us ''They are very good at respecting your rights and dignity''.

We observed interactions between a carer and one person who received support in their own home. The interactions were friendly and it was clear that the carer knew the person and a visiting relative well. The person commented to us ''They are always friendly.''

Staff understood the importance of helping people to remain independent where able, at the same time as providing much needed care and support. One carer said ''I try and maintain their independence''. One relative we spoke with told us ''They respect her wishes and support her to establish her routines'' and another said ''They strike a balance beautifully between providing support and promoting independence''.

Sensitive personal information was stored securely in locked cabinets in the care coordinator's office and in drawers in people's home. As part of the induction process all new staff signed a declaration stating that they were aware of the confidentiality policy, which included prohibiting staff to message or share information about service users through social media. These procedures helped to ensure personal and private information about people who used the service was respected and remained confidential to staff.

Good

Is the service responsive?

Our findings

People we spoke with felt staff knew their care needs. One person told us ''They know me and what I like to eat. They give me a small portion.''

We reviewed three care files which contained information about the person's life history, personal information, risk assessments and care plans. There was a comprehensive amount of detail in each file and care plans were person-centred and contained sufficient information to guide staff to support the person in the manner they had requested. Daily records of the care provided at each visit were kept in the 'home care report book'. This included information about what care was undertaken, what food was prepared, medication given and the arrival and departure times of staff. Care plans were reviewed regularly to ensure they were relevant. One file we looked at showed that a person's care plan had been changed to reflect a change in need following instructions from the district nursing service.

One person's care plan showed that a carer stayed with the person while they ate their meals, as they had problems with swallowing and were at risk of choking. However, there was no information in the person's file to inform staff of what steps they should take in the event of the person choking. We brought this to the attention of the care coordinator and they immediately produced written guidance for the staff.

Although people had set times for their visits they told us staff were flexible and times could be changed if, for example, a person had a hospital appointment, or wanted to go out at a particular time with a friend or relative. People received care visits two, three or four times a day, dependent on their level of need. However, those people receiving visits two or three times a day could have this increased for a short period of time to respond to a particular need, such as following an illness, or for the administration of a course of antibiotics. Staff also worked with people to provide reablement following a crisis, such as a fall. We saw evidence which showed the service had recently worked with a person who had lost their confidence following a fall but following their intervention had achieved a level of independence again. This showed the service responded well to changes in people's care needs.

People living at Old Mill House were able to summon help in an emergency through the use of a 'pendant alarm' or emergency call bell. Calls were responded to by the on-site care team during the day and by the concierge during the night. Where staff responded to a person who had fallen they were able to contact the emergency helpline service, which had the appropriate equipment for raising people off the floor.

People told us they were kept well informed about their relatives health and care needs, particularly if these changed. One person told us ''They call me right away if anything is wrong'' and another said ''I'm informed straight away if they have a fall or are ill. Communication between us is good.'' On relative said ''They have responded well to the change in (name)'s condition over the time they have been visiting''. However, two people commented that it was sometimes difficult to contact staff on the telephone, particularly at the weekend.

From our conversations with staff and people who used the service we saw that appropriate contact with

healthcare professionals was made if required. One person told us; ''They know when I'm having a bad day and will ask if I need a doctor.'' A carer told us about referring a person for a wheelchair assessment when there had been deterioration in their mobility and they wanted to be able to continue making regular trips out.

We looked to see how the service handled complaints. There was complaints procedure in place, which had been reviewed in 2016. This informed people how they could complain, what action the provider would take and the length of the complaints process. The service had a system for recording any complaints, their response to the complainant and the outcome. People we spoke with knew how to complain and were confident their concerns would be dealt with appropriately. There had only been one recent complaint; in November 2016. We saw that appropriate action had been taken.

A range of activities such as quizzes, crafts, bingo and arm chair exercises were available to people living at Old Mill House. These were arranged by the court manager and senior care staff, assisted by the care team.

Requires Improvement

Is the service well-led?

Our findings

This service is required to have a registered manager. At the time of our inspection a person was in the process of applying to the Care Quality Commission (CQC) to become the registered manager of this service. However, their application was not yet complete. A service cannot be judged as good in this domain if there is no manager registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The day-to-day management of the care team at Old Mill House was carried out by the care coordinator, who was present during our inspection. We asked people if they thought the service was well-led. People commented that they felt there was a good relationship between the court manager and the care-coordinator which ensured the smooth running of the service. One person said ''The communication between the court manager and the carers management is good''. Staff told us that the care coordinator helped out with care provision when need. One person said ''She does a bit of everything.''. Another carer said ''We all work together. We all muck in.''

Staff meetings were held regularly. We looked at the minutes of the latest meeting held in June 2017. Items discussed included special measures needed to support people during warm weather, visit times and information governance. Staff had signed the minutes to say that they had read them.

There were systems in place to monitor the quality of service provided by the care team. The home care report books were checked weekly by senior carers to ensure there were no omissions in the medication records and that the daily records had been completed fully. The books were checked again each month by the care coordinator when they were returned to the office. This ensured there was management oversight of care provision and documentation. Quality assurance visits were carried out every three months to each person receiving care and support at Old Mill House. During these visits documentation and visit times were checked and people were asked a number of questions, including if staff treated them with dignity and respect, if staff arrived on time and if they were happy with the overall service they were receiving.

The service used a computer system for monitoring when supervisions, appraisals and training were due and for logging information such as accident and incident reports, CQC notifications and safeguarding concerns. City and County Healthcare Group quality assurance team were able to access this information which enabled them to monitor the service and ensure processes had been followed correctly. The regional manager for City and County Healthcare visited the service on a monthly basis to provide support to the care coordinator and care team.

Each person who used the service was given a copy of the Comfort Call service user guide. This was a comprehensive document which contained information about the service, its standards, how it protected people and how to make a complaint. This helped people and professionals make an informed decision about the service.