

Comfort Call Limited

# Comfort Call - Stoke

## Inspection report

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30 April 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service: Comfort Call – Stoke is an extra care housing service that was providing personal care to 47 people at the time of the inspection.

People's experience of using this service:

Improvements were required to the systems for managing people's medicines to ensure they were consistently safe. Staff knew people's risks and how to manage and reduce them to keep people safe, however documentation about risks was not always clear.

Systems were in place to protect people from abuse and staff understood them. People were supported by a sufficient number of safely recruited staff who knew how to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

Staff understood people's preferences and people were happy with the personalised care they received.

People knew how to make a complaint if required and these were dealt with appropriately and learned from. People's end of life wishes were considered and staff knew how people wanted to be supported.

We have made a recommendation about ensuring end of life documentation is utilised to ensure people receive responsive care at this time of their lives.

People and staff told us they found the management team approachable. There was an open and honest culture where staff and management worked together.

The registered manager and provider had oversight of the service and carried out regular quality checks which encouraged improvements.

The service met the characteristics of Good in most areas; more information is available in the full report below.

Rating at last inspection: This was the first inspection of Comfort Call – Stoke since it registered with CQC in August 2017.

Why we inspected: This was a planned inspection as the service had not been inspected since their

registration with us (CQC).

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Comfort Call - Stoke

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted 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. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

People using the service lived in flats, on the purpose built development. There were 47 people receiving personal care at the time of the inspection.

Not everyone using Comfort Call - Stoke receives regulated activity; 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection because we needed to gather people's contact details and gain their permission to contact them as part of the inspection.

Inspection site visit activity started on 26 April 2019 and ended on 30 April 2019. We visited the office location on 29 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with commissioners of the service to get their feedback about Comfort Call – Stoke.

During the inspection, we spoke with 11 people who used the service and one relative. We also spoke with the registered manager and six care staff.

We reviewed the care records of six people to see whether they were accurate and up to date. These included care plans, daily care records and medicine administration records. We looked at records relating to the management of the service. These included six staff recruitment records, incident records, training information, complaints records and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Whilst people told us staff supported them safely with their medicines, we found medicines administration systems required improvement to ensure the processes were consistently safe.
- Time specific medicines were up to 50 minutes late on some occasions and there was not always an explanation.
- Staff were hand transcribing medicines administration records (MARs) and these had not always been checked or countersigned by a second person trained in medicines administration, in line with NICE guidance. NICE is the National Institute for Health and Care Excellence which aims to improve health and social care through evidence-based guidance. This increased the risk of medicines errors.
- Some people were prescribed 'as required' medicines. Suitable protocols were not in place to guide staff on how to safely and consistently administer these medicines.
- We found a number of inconsistencies in the way medicines were managed. For example, prescribed topical creams did not always state where and when they needed to be applied and there were some unexplained gaps in application of pain relief gel with no explanation.
- MARs had been audited but these audits had not picked up the issues we did and therefore improvements had not been implemented and lessons had not been learned.

Assessing risk, safety monitoring and management

- When a risk was identified it was assessed and planned for.
- Staff knew people's risks and how to reduce them.
- However, some risk assessment documentation was not always clear. For example, one person was assessed at low risk of skin damage. However, staff told us they had a wound that the district nurses were involved in treating. Although action had been taken to get the required treatment, it was not clear how the risk to the skin should be managed and reduced.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes I feel safe. They [staff] come twice a day and it works well." People also described how the emergency call bell system enabled staff to respond quickly when required, which made people feel secure.
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and people were supported by staff at the times they needed support.
- People told us there were sufficient staff to keep them safe and they had consistent care staff who turned up on time. One person said, "I've got no problems [with staffing levels] and most of the time it's the same people." Another person said, "It's usually regular carers."
- Staff told us there had been improvements to staffing levels and there was now enough staff to provide safe and consistent support. A staff member said, "Staffing is fine now, it's improved dramatically. It used to be stressful but now it's a million times better. Now there is enough of us and we all pull together well."
- Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- People told us staff wore gloves and aprons when supporting them with personal care.
- Staff had been trained to understand and follow safe procedures and staff we spoke with understood their responsibilities.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started to receive a service to ensure their needs could be met. This included consideration of people's diverse needs such as religion and culture. They were reviewed annually or more often if required.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. One person said, "They [staff] know what they are doing"
- Staff told us they received a thorough induction including classroom style training and shadowing more experienced staff members. A staff member said, "Training prepared me well for the job. I did a weeks' training and then shadowing."
- Staff felt well supported and additional training was arranged for them when required. A staff member said, "I've just done dementia training. I did it with the induction but this was a top up plus more in depth." The staff member told us how this helped to improve the care they provided to people.

Supporting people to eat and drink enough to maintain a balanced diet

- When required, people were supported to eat and drink enough to maintain a balanced diet.
- People were given choices. One person said, "It works well. I choose the food and they [staff] make it for me."
- Staff followed guidelines in place when people required specialist diets such as soft food or thickened drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and support.
- People had confidence that staff would contact healthcare professionals on their behalf if this was required. One person said, "I know if I am not well I can rely on them." Records confirmed staff made prompt referrals when needed.
- Staff told us how they worked with other professionals to ensure people's healthcare needs were met. A staff member said, "If someone is ill for example, I will call the GP or the district nurses and I make sure they have been out before I finish my shift."

Ensuring consent to care and treatment in line with law and guidance

- People told us staff always asked for their consent before supporting them. One person said, "They [staff]

always ask me. It works really well."

- 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 checked whether the service was working within the principles of the MCA and we found that they were. Staff understood their responsibilities and worked in line with the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care they received and told us staff were kind and caring. Comments included, "I've got great staff who have become like friends", "They [staff] are all good. They are easy to talk to and will always ask if there's anything else before they leave" and "They [staff] are easy to talk to and I trust them."
- Staff enjoyed their work and spoke passionately about treating people well. A staff member said, "I enjoy my job. I like everything about it. It's like home from home. I like chatting and getting on with people." Another staff member said, "I like going in and making people happy. I go in singing at Christmas, we sing Christmas songs and cheer everyone up."
- Staff took time and care to ensure people were well supported. A staff member said, "I like to make sure everything is spot on."

Supporting people to express their views and be involved in making decisions about their care

- People felt involved in their care and told us staff encouraged them to make their own choices and decisions which were respected by staff. One person said, "They ask me and work flexibly [to accommodate my choices]."
- People told us they knew and trusted their care staff and had developed relationships with them which encouraged them to express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "Staff are all polite and respectful."
- People told us and records confirmed that people's independence was respected and promoted. Comments included, "They [staff] help where help is needed but not where it is not" and "They [staff] help with what I need help with but respect my independence."
- Care plans were written in a way that encouraged staff to respect and promote people's choice and independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs.
- People were happy with the times of their care calls and the way staff helped them. One person said, "I'm happy with how the staff help me and the visit times." Another person said, "My regular carers have got to know me well and understand how I like things to be done."
- People and relatives were involved in developing their care plans. Care plans contained personalised information and preferences to support staff in delivering personalised care.
- Staff knew people well because they consistently supported the same people and built relationships with them. They told us they looked at care plans which also provided them with the information they needed. A staff member said, "When we go to someone new, we always read the care plan, all the information is in the book to tell you exactly what to do, how they walk, what medicines they have and everything. We always read the book." Another staff member said, "Yes I look at care plans. All the information is in there that you need. I always look to see if anything has changed. Especially if I've been on holiday."
- People were encouraged to follow their interests. There was a range of activities arranged at the scheme and people were encouraged and supported to be involved if they wanted to.

Improving care quality in response to complaints or concerns

- People and relatives told us they had information on how to make a complaint, knew how to do so and would feel comfortable doing so if required.
- There was a complaint register in place which allowed the registered manager to ensure complaints were being dealt with in line with the provider's policy and procedure.
- We saw that complaints were fully investigated and the findings were shared with the complainant.

End of life care and support

- Staff had received training in this area and there were suitable policies and procedures in place for staff to follow.
- One person was nearing the end stages of their life. Staff were aware and told us how they supported the person in line with their wishes. However, the person's care plan was not reflective of their current situation.

We recommend the service ensures that their end of care life documentation is utilised at the earliest point required, to ensure people receive consistent and responsive care at their end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives felt the service was well led. One person said, "Yes, it is. It has got a lot better since it first started."
- People and staff described improvements since the registered manager came in post. A staff member said, "[Registered manager] is approachable and really good. She will help you out."
- Staff morale was good. Management and staff worked together to promote good outcomes for people and staff spoke passionately about the visions and values of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the requirements of registration with us and we received notifications of certain events, as required by law.
- Regular staff spot checks were carried out to check competency and encourage good quality care.
- An online system was used to audit and analyse key events such as accidents, incidents, complaints and missed visits. This helped the registered manager and provider to maintain oversight and drive improvements where required.
- Audits of medicine administration records (MARs) had not always been effective in encouraging improvement, however the registered manager and provider were receptive to our feedback about this and were looking into making the system more robust.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had appropriate opportunities to provide feedback, including regular quality assurance checks. People described regular visits from senior staff to check they were happy with their care.
- Staff felt engaged, involved and supported. A staff member said, "Staff morale is good. We have regular team meetings, we had one not long ago." Another staff member said, "I speak to [registered manager] or [deputy manager] if she's not here. We also have seniors on our team now and I can go to them. I can go to any of my team, we work well together. We have supervision regularly which is useful. It's nice to be told if you are doing something wrong so you can change it, but we get told the good stuff too. I get praised and it's nice to be recognised."
- Staff told us that the main points from staff meetings were printed onto the back of the rota's so that all staff were reminded and had access to information if they didn't attend.
- A staff member described how they won 'carer of the month' and they felt proud to be recognised for their

achievements.

#### Continuous learning and improving care

- The provider had systems in place to support continuous learning and improvement. Staff told us they had suitable ongoing training opportunities and they were confident they would be supported with additional learning if they required it.
- The provider recently held a webinar on 'restrictive practices' and also delivered 'impact and consequences' training to help to continuously improve care.

#### Working in partnership with others

- The service worked in partnership with health professionals to ensure people had their care needs met effectively. In the Provider Information Return (PIR) we were told how multi-disciplinary meetings were held to discuss any issues or concerns for individuals.
- The scheme is accessible to the community and facilities such as the gym, hairdressers and restaurant are open to the public. There were plans in place to further develop community integration.