

Comfort Call Limited

Comfort Call - Jackson Gardens

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

About the service

This service provides care 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 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. The service provided personal care to 43 people at the time of the inspection.

People's experience of using this service

People told us they trusted staff and felt safe with them. Staff received safeguarding training and knew the signs and symptoms of potential abuse and the procedures for reporting any actual or suspected abuse.

Safe recruitment processes were followed to make sure staff were fit and suitable for the role. The required pre-employment checks were carried out including a check on applicant's criminal background. People received safe care and support from the right amount of suitably skilled and experienced staff.

Safe infection prevention and control (IPC) measures were followed to minimise the risk of the spread of infections, including those related to COVID-19.

Medicines were managed safely. Staff with responsibilities for handling and administering medicines were trained and competent. Care plans and medication administration records (MARs) guided staff on any support people needed to take their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted their independence. People were involved in developing and reviewing their care plans.

Staff were inducted into their roles and received ongoing training relevant to their role. Staff were supported through regular supervisions and team meetings.

Staff knew people well and were respectful of their privacy, dignity and independence. People complimented staff on their attitude and approach describing them as; 'Marvellous' 'Out of this world' and 'Kind and caring.'

The service complied with the Accessible Information Standards. People's communication needs were assessed and set out in their care plans. Information was provided in a way people could understand.

People's care and support was planned in a personalised way. Care plans took account of people's choices and preferences and regular care reviews gave people the opportunity to discuss their care and make any changes to their care plans should they wish to. Complaints were responded to and used to improve the

quality of care people received.

Managers promoted a positive and open culture. There were effective systems to monitor the quality and safety of the service. People were provided with opportunities to feedback on the service they received, and any suggestions for improvement were listened to and acted upon. There was good partnership working with others to ensure the best possible outcomes for people.

Rating at last inspection

This service was registered with us on 01 April 2021 and this is the first inspection of this new provider.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post, however there was a manager in post and they had applied to CQC to become the registered manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the manager would be available to support the inspection.

Inspection activity started on 23 June 2022 and ended on 30 June 2022. We visited the location on 23 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with four people in their apartments and a further four people in communal areas of the complex and spoke with them about their experience of the care provided. We spoke with five members of staff, the manager and regional manager.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment, supervision and training and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other records relating to the running of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments about the health safety and welfare of people were completed and plans were in place to minimise risk.
- Staff completed training in topics of health and safety, and they had access to a range of policies and procedures about safe working practices.
- People had devices such as pendants which they could activate to alert staff and get help in an emergency.
- The provider had a business continuity plan (BCP) which outlined how unplanned disruptions to the service were to be safely managed. Contact details of services and individuals who could help in an emergency were detailed in the BCP.

Learning lessons when things go wrong

- The provider had a system for reporting incidents that effect the health, safety and welfare of people.
- Investigations into the cause of incidents were carried out and lessons were learnt and shared with the staff team to help reduce further occurrences.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems and processes for safeguarding people from the risk of abuse.
- Safeguarding policies and procedures were made available to staff and they completed safeguarding training as part of their induction and received regular updates of this training. Staff recognised the different types of abuse and knew how to report concerns.
- Managers understood their responsibilities for responding to concerns about abuse, including alerting the relevant authorities.
- People were provided with Information and guidance about raising concerns. They told us they felt safe with staff and were confident about reporting any concerns about their safety. Their comments included, "I'd tell someone right away if I had any concerns or worries," and "I don't think I could feel any safer, the staff are marvellous."

Staffing and recruitment

- People received care and support from the right amount of staff who were suitably skilled, experienced and fit for the job.
- People were introduced to new staff and spent a period of time getting to know them before receiving care and support from them. People told us they were visited mostly by the same staff who knew them well.
- Applicants were subject to a series of pre-employment checks to assess their fitness and suitability for the

role. Checks included a disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were used safely.
- Staff responsible for the management and administration of medication were trained and had their competency regularly reviewed. Staff had access to medication policies and procedures which were in line with current legislation and guidance.
- Medication administration records (MARs) detailed people's prescribed medicines and instructions for use and staff completed them to reflect the support they provided for people. Care plans provided details about who was responsible for ordering and collecting people's medication.

Preventing and controlling infection

- We were assured that safe measures were in place and followed to minimise the spread of infection including those related to COVID-19.
- Staff received training in infection prevention and control and the use of PPE and they were provided with the most up to date infection prevention and control (IPC) guidance.
- People were provided with support to maintain their safety throughout the COVID-19 pandemic. This included supporting people to access testing when needed, and vaccinations such as for flu and COVID 19.
- Staff had access to a good stock of the right standard of PPE and they used and disposed of it safely.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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, and a care plan was developed setting out how they were to be met. Care plans included information from other professionals and factsheets providing guidance for staff about people's specific needs.
- People took part in regular reviews to make sure their care plans continued to reflect their needs, wishes and choices.
- People told us they received the care and support they had agreed to. They told us their visits were mostly on time and that staff stayed with them for the full duration of the planned visit. Their comments included; "I get all the care I need, it's wonderful," "If they are running a bit late, they let me know" and "Couldn't ask for better."

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

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No person using the service had any authorisations in place to restrict them of their liberty.
- Staff received MCA training and understood the principles of the act. They understood the need to obtain people's consent before providing care and support.

Staff support: induction, training, skills and experience

- People received care and support from staff who were well supported, trained, skilled and experienced.
- New staff completed an induction programme to help prepare them for their role and all staff were supported to complete the necessary training and learning appropriate for their role.
- People told us they thought staff were very good at their job and well trained. One person commented; "They [staff] are very good indeed, I have a lot of confidence in them all." One person submitted a written

compliment praising a new member of staff for their competence and attitude to work which made them feel comfortable.

- Staff received support through regular one to one and group meetings and an annual appraisal. Staff told us they felt well supported by managers. Their comments included; "[Manager] is really supportive, listens and is very fair" and "We get really good support from [manager]."

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

- People's nutritional and hydration needs were assessed and any support they needed to maintain a healthy and balanced diet was detailed in their care plan along with their food likes and dislikes.
- As part of their care package people received one main meal a day from the onsite bistro. There was a choice of meals on offer each day and staff provided people with the support they needed with their meal, including delivering it to their apartment if that was their wish.
- Before leaving visits staff made sure people with limited mobility had drinks and snacks within easy reach and they checked in on people in between their planned visits to make sure they had good supplies.

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

- Staff worked with other agencies to make sure people received the care and support they needed with their health and wellbeing.
- Care plans detailed any health conditions that may have an impact on people's care and how staff can support people with these. Plans also provided details of primary healthcare services and other health and social care professionals involved in people's care should staff need to contact them.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant 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 well treated, and their lifestyle choices were respected.
- Care plans were person-centred and reflected people's wishes, choices, equality and diversity.
- Staff treated people with kindness, respect and compassion. Staff knew people well and were caring and skilled when reassuring and comforting them when they were anxious.
- People were complimentary about the way staff treated them. Comments about staff included them being "Kind and caring" and "Out of this world."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected and promoted.
- People told us staff respected their privacy, dignity and independence. Their comments included; "They [staff] never come in without knocking and they always ask if I'm ok" and "I'm fiercely independent and they know that and how important it is for me to do things myself."
- Some people had agreed for staff to enter their homes using a key code door lock whilst others preferred to answer their own door. Whichever way, staff knocked before entering people's homes and announced themselves from the doorway. Staff greeted people on entering their homes and enquired about their wellbeing.
- Staff understood the importance of maintaining people's right to privacy. They explained ways in which they did this. For example, ensuring personal care was carried out in a discrete and sensitive way.

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

- People were supported to express their views and make decisions about their care.
- Care reviews, surveys, meetings and general day to day discussions were used to encourage people's involvement and obtain their views about their care.
- Information was provided to people about services they could access if they needed independent advice and support.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was planned taking into account people's individual needs, preferences and circumstances.
- People told us they were involved in the development and reviews of their care plans. People's care plans were kept in their own homes, so they had oversight of them.
- Care plans were person-centred, they focused on people's personal preferences and detailed their likes, dislikes and things which were important to them. People told us their care plans were an accurate reflection of their wishes.
- People were provided with details of events and activities which took place within the complex and staff supported people to access them where this was needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plan.
- We saw examples of staff supporting people with sensory loss such as sight and hearing. Staff identified themselves clearly and positioned themselves in front of the person.
- Information was provided to people in a way they could understand for example large print, pictures and signs.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure.
- Records showed complaints were acknowledged, investigated and responded to in a timely way and used to improve the quality of care for people.
- People told us they had no worries about complaining should they need to and they were confident their complaint would be taken seriously and acted upon. Comments included; "If I was unhappy about something, I'd tell them and I'm sure they would sort it right away" and "No complaints, I'd speak up if I did."

End of life care and support

- There was no end of life care being provided at the time of the inspection. However, staff received training in end of life care as part of their induction and further training would be provided when needed.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a manager in post, and they had applied to CQC to become the registered manager.
- Whilst the manager was responsible for the day to day running of the service, they had the support of a regional manager who maintained effective oversight of the service.
- Managers were clear about their roles and responsibilities, they understood their responsibilities for monitoring quality performance, management of risk and regulatory requirements.
- The systems and processes for monitoring and improving the quality and safety of the service were used effectively. Checks and audits were carried out consistently across the service and outcomes were used to measure quality and drive improvements were needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The ethos and values of managers promoted a culture which was person-centred and inclusive.
- People were included in the assessment, planning and reviewing of their care to help ensure positive outcomes were set and achieved.
- People had formed positive and trusting relationships with managers and staff and were empowered to speak up and they felt listened to. Their comments included; "I get on really well with them all [staff and managers] and can talk to them freely about anything," and "They [staff] are like my family, we often have a laugh and a joke."
- The manager operated an open-door policy and welcomed every one's views and opinions. Staff told us they felt at ease approaching the manager for support advice and guidance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- The manager understood their responsibilities under duty of candour.
- The provider and managers were open and honest with people and relevant others when things went wrong and worked with them to put things right.
- Complaints and incidents were taken seriously, and lessons were learnt from them which brought about improvements. Learning was shared across the staff team.
- The manager notified CQC about events which occurred at the service, which is their legal responsibility and they also notified other agencies where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The views of people, staff and relevant others was obtained through care reviews, meetings, general discussions and surveys. People told us they felt involved in all aspects of their care and support.
- Managers and staff worked in partnership with others to make sure people received all the care and support they needed.
- There was effective partnership working people, family members and others including the housing provider and external health and social care professionals involved in people's care and support.