

Comfort Call Limited

Comfort Call - Liverpool

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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 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.

Comfort Call Liverpool provide care and support at four separate extra care sites across Liverpool. They are Milachip Court, Meadow Court, Latham Court and Linksvie, which is also the registered location where the care is managed from. We conducted our site visit at Linksvie, and we visited three of the four schemes during our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Most people had up to date risk assessments in place. However, not all risk assessments contained relevant and up to date information, and risks were not always being monitored. This placed people at risk of unsafe care. We received mixed feedback regarding the staffing levels across the schemes, however most people said staff were quick to respond and visited them in time. We have made a recommendation regarding staffing levels. Incidents and accidents were recorded, and the provider ensured lessons were learnt where incidents occurred to prevent them occurring in the future. People were supported to take their prescribed medication. Staff had access to appropriate personal protective equipment (PPE) and had received training in relation to infection prevention and control and COVID-19. Staff were recruited safely.

People were supported to access healthcare services. However, people's health and well-being were not always monitored appropriately due to relevant records, daily logs and communication between staff not being completed correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained in a range of subjects relevant to their role and underwent regular supervision and appraisal

Governance and quality checks were in place, however they were not robust enough and did not highlight the concerns we found with regards to some inaccurate risk assessments and incomplete records. This meant the service was not always well-led. The regional manager was open and transparent with us during the inspection and has since started to make improvements in this area.

The organisation worked in partnership with the housing provider and local authority safeguarding teams. Most staff said they liked the regional manager; however, some staff felt the turnover of scheme managers was too high. Feedback was gathered from people using the service and their families which was positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (Published 14 December 2017)

Why we inspected

The inspection was prompted in part due to concerns received about records, communication and staffing. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and governance.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Comfort Call Linksvue on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well - led.

Details are in our well - led findings below.

Requires Improvement ●

Comfort Call - Liverpool

Detailed findings

Background to this 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

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager who was currently registering with the Care Quality Commission. This means when they register, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 spoke with eight people who used the service and two relatives by telephone, about their experience of the care provided. We spoke with six members of staff including the regional manager, new manager and

two scheme managers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedure, complaints, and safeguarding information. We contacted people and staff by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management ; Learning lessons when things go wrong

- Even though the majority of people's risk assessments were in place, some were not always clear nor did they contain relevant and up to date information in order to keep people safe.
- Some risk assessments had conflicting information, while other risk assessments were not completed correctly. This placed people at risk of unsafe care.

The provider had failed to ensure risks in relation to some people's care were properly managed in order to prevent avoidable harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our findings during our inspection and fed back our areas of concern. The regional manager acknowledged our feedback and advised us they would rectify these concerns.
- Incidents and accidents were appropriately recorded and analysed in order to keep people safe and minimise the risk of re-occurrence.
- Remedial actions and 'de-briefs' were recorded alongside each incident to ensure lessons were learnt.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to protect most people from harm and abuse. However, some records regarding staff intervention for people who were at risk of self-neglect required further improvement. We highlighted this at the time of our inspection and immediate action was taken to rectify it.
- Staff had undergone training in safeguarding and knew how to escalate concerns.
- People we spoke with said they felt safe, comments included, 'Oh yes, the staff are lovely, I am well taken care off', 'Staff are great' and 'I feel safe and well cared for.'

Staffing and recruitment

- Staff were recruited and selected safely, following robust recruitment checks. However, we received some mixed feedback from people and staff regarding current staffing levels.
- Some staff and people at the schemes told us there was not always enough staff on shift. One staff member told us they felt 'exhausted' most days as there were not enough of them. Another person said the turnover of scheme leaders was high and described this as 'unsettling'.
- However, from our assessment of rotas, and observations on the day of our inspection, the schemes appeared to have enough staff on duty to meet people's needs.

We recommend the provider reviews their process with regards to staffing and takes the appropriate action.

Using medicines safely

- People were supported to take their medicines safely by trained staff.
- Documentation with regards to medicine administration was kept in people's care plans and were subject to weekly checks.
- People told us they received their medicine safely. One person said, 'They are good, (the staff) they remind me to take my medications.'

Preventing and controlling infection

- There was appropriate PPE in place at all of the schemes and staff had access to more in-depth training and processes around COVID-19 and infection prevention control.
- We observed staff wearing face coverings, and a designated system had been implemented to ensure safe visiting procedures were in place. This included visitors having their temperature checked and being tested for COVID-19 prior to visits.
- Staff were supported to access weekly COVID-19 testing.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Most people were supported to access health care services and had adequate records in place regarding their health and what support or intervention they required. However, other people did not have the same level of support in place.

- Daily notes for some people did not always document when their physical and emotional needs were becoming a cause for concern. This lack of monitoring meant people were at risk of becoming unwell, and timely action was not always being taken.

- One person had recently been admitted to hospital. We checked their daily notes to ensure staff had intervened appropriately. We saw there was no record in their daily notes of any remedial action taken by staff two weeks before they were admitted to hospital, right up to the day they were admitted. There was also no further communication or handover between staff as to when this person became unwell and any steps the staff had taken to alert medical professionals.

The provider had failed to ensure robust records were maintained in relation to people's health and well-being. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were assessed before they came to live at the scheme, and their care and support needs were documented in their care plans.

- People's choices and preferences were recorded in their care plans, including what time they wanted their call to take place. Care plans noted any specific requirements regarding their people's daily routines, such as which TV channel they liked the care staff to put on when they left their flat.

Staff support: induction, training, skills and experience

- Staff were enrolled on induction once they started working for Comfort Call. All staff had completed training courses online and were regularly supervised.

- Records confirmed that staff had completed training relevant to their role. There was regular management oversight to ensure staff received refresher training where required.

- People commented that staff were suitably skilled, one person said, 'Yes, they are very good.'

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

- People had their own kitchens in their flats and often made their own meals and snacks.
- Where people required support from staff with eating and drinking this was documented in their care plans.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Peoples capacity had been assessed at the time their care package commenced, and this was subject to review every month.
- There was no one subject to a DoLS via the Court of Protection.
- Some decisions had been made in people's best interest with the input of their relative if they had the legal authority to do so.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems were not robust enough to ensure that gaps in records such as monitoring charts, poor quality information in daily logs and inaccuracies in risk assessments were highlighted and action planned. This put some people at risk of poor-quality care.

The provider had failed to ensure robust governance systems were in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

- The regional manager has made improvements to their quality assurance process and introduced a more structured approach since our inspection. This shows the provider is taking action to improve service provision.
- Some outcomes from safeguarding reports had been implemented into the running of the service to ensure the same issues did not reoccur.
- A manager was in the process of becoming registered with CQC. The new manager and regional manager were clear about their roles and responsibilities.

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

- We received some mixed feedback regarding the management of the schemes from the staff.
- Some staff said they liked the manager and regional manager and felt they were approachable, other staff we spoke with raised some issues with management at the schemes. One staff member said, 'The manager turnover is high, I never know who to go to.' Another member of staff said they felt 'unappreciated by managers.'
- We raised this with the regional manager during our feedback, who advised they would arrange a team meeting and engage with staff to offer more support.
- People we spoke with said they were asked for their feedback about the provision of care.
- Any learning areas identified from questionnaires sent to staff and people who used the service were well documented and shared with people and staff.

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

- The regional manager understood their role and responsibility in relation to duty of candour and promoted a culture that was open and transparent.

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

- Team meetings took place regularly and staff were invited to contribute ideas and requests for additional training.
- People were invited to engage in face to face meetings at the registered office. This had stopped due to COVID-19, however, the regional manager was working on getting these back in place. We saw minutes of these.

Working in partnership with others

- The scheme managers and regional manager worked closely with the housing providers to ensure recent changes around visiting professionals were implemented plus a more robust cleaning and maintenance schedule of the communal areas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks in relation to people's care were not properly managed or monitored to prevent avoidable harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements in place were not robust and record keeping was not always adequately maintained.