Comfort Call Limited

Comfort Call Stockton

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

This inspection took place on 5 September 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in.

Comfort Call Stockton is a domiciliary care agency that provides care and support to people in their own homes in the community or an extra care living scheme. At the time of the inspection the service provided care and support for 173 people.

At our last inspection we rated the service good. However, we found the provider was not always notifying the Care Quality Commission of certain events they are required to by law. We took action about this outside the inspection process. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a manager in post who was in the process of becoming registered. A registered manager is a person who has registered with CQC 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 provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and in line with their agreed care visits. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to protect people from risks associated with the management of medicines and the spread of infection.

Care and support were based on detailed assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People's rights were protected by staff who under stood the Mental Capacity Act and how this applied to their role. Where appropriate, people were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs.

Care workers had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment, and their views were listened to. Staff respected people's independence, privacy, and dignity.

People's care and support considered people's abilities, needs and preferences, and reflected their physical, emotional and social needs. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

Effective management systems were in place to monitor the quality of care provided and to promote people's safety and welfare.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Comfort Call Stockton

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.

The inspection took place on the 5 September 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector, a pharmacy inspector and an expert by experience who made telephone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to support the inspection planning.

We looked at four care records in full and four care records relating to medicines for people who used the service. We examined three sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed.

We spoke to eight people who used the service and two relatives over the telephone, the regional manager, manager and five staff members. For the staff were not available on the office day, we provided a questionnaire for them to complete and we received 17 back.

Good

Is the service safe?

Our findings

All the people we spoke with said the service was safe. Comments included, "They are really nice, and I certainly trust them [staff]" and "My carer is reliable and stays the full time" Relatives we spoke with said, "We feel safe, absolutely" and "We are so pleased [named person] is safe and someone is taking care of them and keeping them safe."

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with their home environment. The provider used checklists to identify risks affecting the safety of both people and their care workers. Where necessary there was guidance in place for care workers to manage and reduce the risks.

Risk assessments were in place for individual risks such as those associated with people's medical conditions, moving and positioning people, and behaviour that challenges. Where people were at risk of falls, the risk had been assessed, and there was appropriate guidance for staff in the person's care plan. For example, one person was at risk of pressure sores and information was available to staff on reducing and managing this risk.

There were sufficient numbers of suitable staff to meet people's needs and all staff we spoke with said there were enough staff. The provider had a continual recruitment programme in place to make sure the staffing levels could match the care needs of people joining the service.

The provider maintained an effective recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone].

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency.

The provider had processes in place to learn from experience, incidents and accidents. All incidents were logged and analysed for trends and patterns.

The provider shared lesson learnt with all staff to improve practice, knowledge and awareness. The lesson learnt were from all adult social care services as well as Comfort Call themselves.

We found appropriate arrangements were in place for the safe administration of medicines. People's medicines administration records were checked and audited weekly and monthly. If the auditor identified gaps in the records, they cross referenced the person's daily care log for evidence they had taken their

medicines, or the reason why they had not for reasons such as the person did not have a call that day due to going out. Where necessary, concerns were followed up with the individual care worker and action taken, such as additional training or supervision.

Staff had access to plenty of personal protective equipment (PPE) such disposable gloves and aprons.

Good

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their role. Staff received mandatory training which is training that the provider deems necessary to support people safely as well as training in other subjects such as Parkinson's disease, stroke awareness and choking.

Staff completed a three-month induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. Staff completed at least 16 hours of shadowing before working alone. Staff confirmed they could have longer shadowing hours if they still did not feel confident. Staff we spoke with said, "My induction included training, what the job involved, and shadowing, I was asked if I was comfortable or needed more shadow shifts, I was only given a couple of people to look after at first and mainly doubled up with another staff member." And "I started in February, I really enjoy it, Comfort Call are a good company to work for they have been very helpful."

We saw that staff were supported through supervision and a yearly appraisal. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. However, most of the supervisions took place when things went wrong and did not always support staff with their development. The regional manager said they would investigate this.

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. At the time of this inspection the service was not supporting anyone who lacked capacity.

The service completed a package implementation which documented personal details, call times required, care tasks required, existing medical conditions, equipment in the person's property and preferred needs. These were continually evaluated to take account of any changing needs.

The service worked with external health and social care professionals such as the GP and district nurses.

People were supported to meet their nutritional needs where necessary. For example, one person required their fluids to be thickened and there was clear guidance for staff on how this was to take place.

Good

Is the service caring?

Our findings

People we spoke with said, "My carers are very kind, but they are just so busy getting everything done. I know they would like to stay and chat but there isn't time" and "The care is mostly good."

Relatives we spoke with said, "They [staff] are all great, they are so nice and buoy you up so that we feel good when they have gone", "They [staff] are smashing, very sincere, they are lovely and do anything for you" and "I couldn't ask for better for my family all the staff are great."

Staff we spoke with talked about the people they supported with lots of care and compassion. Staff demonstrated they cared deeply about the people and the outcome they wanted to achieve.

Staff we spoke with valued people's wellbeing and happiness. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them. We saw all this information was documented in some of the care plans. Comments from staff included, "I read the care plan, getting to know the needs how like they things such as their tea, I communicate with them and find out about their families and history. It is also getting them to feel more comfortable with you as well" and "They tell me what they like, some people like me to use paper towels to dry dishes, it is there decision, you get to know the person. Such as how they like the curtains open, the beds made, and their routine."

One person we spoke with said, "The carers always explain what they are going to do before they do it and ensure I am okay with that."

Staff explained how they promoted people's independence. Comments included, "We are there to assist but encourage people to do as much as they can themselves" and "I usually say things like, do you want to come and get [your clothes for example], or do you need support for example."

People who used the service said staff promoted their privacy and dignity. Staff we spoke with explained they closed curtains and doors, and kept people covered. One person we spoke with said, "They [staff] understand the need for privacy and avoid any awkward moments."

The service was able to support people to gain access to advocacy services. At the time of the inspection no one was using an advocate.

Staff had received training on equality and diversity and explained how they treat everyone the same. Comments included, "It is about treating people the way they should be treated", "They [people] are all individual and different" and "Everybody is equal and have their own rights, it is for us to fulfil that person's needs."

Good

Is the service responsive?

Our findings

Prior to starting to use the service, the registered manager or care manager met with people and their relatives to assess their individual care and support needs to confirm the service could meet these. We found the care plans were personalised with information about people's preferences and the routines they liked to follow in their daily lives. This information included information for carers to follow for example how people preferred their personal care to be delivered and any mobility equipment to be used to ensure people remained safe.

People we spoke with said, "I am always asked for my input into the care plan and that makes me feel included in what is going to happen" and "I have chats with the carers about my plan and the social worker."

A relative we spoke with said, "I have regular reviews of the care plan and always look at the activity record when I call in

Staff we spoke with said they have a consistent rota that enabled them to see the same people who use the service each week. This supported carers to identify any changes in people's needs or abilities so care plans could be updated. One staff member said, "I see the same people on all my shifts, we know the residents and we know how long things take, I always chat whilst writing up the books."

Staff explained how they supported people with activities of their choice. Staff comments were, "If a person has social hours, we find out what their hobbies and interests are and find something that is going on that they would like to do" and "One person loves their keep fit and we often go to the bingo in Aspen Court (Extra Care Living service) or play dominoes." Care plans documented people's activity likes and dislikes, for example one person loved listening to country and western music.

Staff from Comfort Call had also supported another person to many community events and to their child's sports day.

Organisations that provide adult social care must follow the Accessible Information Standard [AIS]. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The provider was compliant with the AIS. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. For example, one person was hard of hearing and the care plan provided guidance for staff on how to communicate with them. Another person struggled to remember recent events and they wanted staff to remind them of these.

At the time of our inspection no one was having end of life care. This was discussed when needed with people and their relatives to ensure their wishes would be respected.

The service had a complaints policy in place which they followed if a complaint came in. The service had

received three complaints so far this year. All these complaints had been fully investigated. People said they knew how to complain, comments included, "Yes, we know how to complain, it has not been necessary yet" and "I would speak to the carer before escalating anything."

Good

Is the service well-led?

Our findings

At the time of this inspection there was a manager in post who had just put their application in to become registered with 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Providers are requested by law to notify CQC of significant events in line with the requirements of the provider's registration. At the last inspection in September 2017, we found the provider was not notifying CQC, we took action about this outside the inspection process. At this inspection we found the provider was notifying CQC of all significant events.

We asked people what their thoughts were of the service. One person said," I think the office people are helpful, they take my call, and someone usually gets back to me." "A relative we spoke with said, "Getting Comfort Call in was the best move we ever made"and "We look forward to then coming, they are absolute gems."

Staff said the management team were very supportive. Comments included, "If you ever have anything on your mind, you can talk to them [management]", "Management are good and helpful, any questions they are there and supportive" and "The manager is approachable and understanding, they are great."

Staff we spoke with told us they loved their jobs and the people that they worked with. Staff's comments were, "I love my job, it is interesting everyone is different, they have their own character", "Everyone is looked after well it is a nice place to work, everyone is there to help you", "It is a good caring company, very helpful and passionate about what they do" and "Comfort Call is an understanding company that do their utmost to provide what people need day or night."

We saw there were effective systems in place to monitor the quality of the service. Feedback was sought via an annual survey and via a meeting with the person every three months. The last survey had taken place in July 2017, 48 questionnaires were sent out and nine were received back. We saw evidence to show any concerns raised were acted upon. For example, some people said they did not know how to make a complaint. The provider sent this information out to everybody.

Meetings for staff took place every six months. Staff said these were very well attended and an example of topics discussed were time critical calls, corporate values, risks and record keeping.

The service had a reward scheme for staff, called Care Heroes Awards. All staff and people who use the service could nominate a staff member if they had for example demonstrated excellence and commitment and achieved meaningful outcomes for people. A staff member who was nominated would go to an awards event.