

Comfort Call Limited

Comfort Call - Scarborough

Inspection report

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12 February 2020

14 February 2020

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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

Comfort Call - Scarborough is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of this inspection 69 people were receiving support with personal care needs.

Not everyone who used the service received personal care. The Care Quality Commission (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

People told us they felt safe with the staff who supported them. Staff understood how to protect people from avoidable harm and abuse. Where risks to people had been identified, assessments were in place to minimise these. People received their medicines when they needed them.

Staff received training, supervision and appraisal which supported them in their role. People told us they received their care on time and staff were able to meet their needs. Staff received training to prevent and control the spread of infections. Staff understood person-centred care and how to best support people in line with their choices and preferences.

People's needs were assessed before services commenced, to ensure their needs and preferences could be met. Staff understood and respected people's rights. 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's health care and dietary requirements were monitored by staff and advice sought from health professionals when needed.

People told us staff were caring and understanding. People were treated with respect and staff maintained people's dignity and privacy. People were fully involved in decisions about the care they received. People's communication needs were assessed, and guidance recorded in care files to support staff. Alternative formats were available if needed. People knew how to complain and were confident their concerns would be dealt with professionally.

The management team supported an open and honest working culture. They actively encouraged people and their relatives to provide feedback about the service. When things went wrong the provider informed people's representatives and adopted a transparent approach to their investigations. Lessons were learnt and shared with the staff team to improve their knowledge. Effective systems were in place to monitor and improve the quality of care people received.

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

Rating at last inspection

This service was registered with us on 13 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 - Scarborough

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. An Expert by Experience 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.

Service and service type

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

The service had a manager registered with CQC. 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. This was because we needed to be sure that someone would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started on 10 February 2020 and ended on 14 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority for their feedback about the service.

During the inspection

We spoke with 12 people and three relatives about their experience of the care provided. We spoke with eight members of staff which included the registered manager, regional manager and care support staff. We reviewed a range of records, including six people's care records and medicines documentation. We looked at four staff files, recruitment records, supervisions, appraisals and training. We reviewed records relating to the management of the service and quality assurance checks.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. People told us they felt comfortable and safe with the care staff that supported them. Comments included, "I feel very safe that they (staff) come and see me" and, "I have very good carers, couldn't do without them."
- Staff understood their responsibilities to protect people from harm and abuse. One member of staff advised, "I have received safeguarding training and I'm confident reporting anything." The provider had safeguarding policies and procedures in place and had made referrals to the appropriate agencies.

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

- Risks to people's health and well-being had been identified. Measures were in place to minimise these risks and clearly documented in care records. Staff were given time to read through these.
- Accident and incidents were managed appropriately. These had been clearly recorded and reported to the right agencies for support and advice. An analysis was completed monthly to ensure lessons were learnt and shared with the staff team.

Staffing and recruitment

- Recruitment procedures were robust. Checks were completed to ensure staff were of suitable character to work with vulnerable people.
- People's feedback about the timeliness of care visits was positive. Comments included, "They (staff) are on time and if they are running late the office call me", "Timekeeping is good" and, "I receive a rota and any changes they (staff) let me know."
- There were enough staff employed and deployed to meet people's needs. Records showed us that trained staff were allocated to attend all care visits. The rota system calculated travel time and staff showed us how they manually updated the system when additional travel time was needed. For example, road works on route or when areas were more rural.
- People received care and support from regular carers. One person's relative advised, "It's the same group of carers, which is good."

Using medicines safely

- People received their medicines when they needed them. Assessments had been completed to determine the level of support required. This was clearly detailed in people's care plans to guide staff.
- Staff completed medication administration records accurately. Protocols were in place to guide staff when to give medicines that were prescribed for use 'as and when required'.
- Staff described how topical medicines such as creams were recorded. They told us the care plans

documented why and where the creams should be applied, and they recorded each application.

Preventing and controlling infection

- Infection control and prevention measures were in place and best practice guidance followed to help prevent the spread of infection.
- Staff received regular infection control training to maintain their knowledge.

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

- People told us they received timely and effective care. Comments included, "I receive four calls a day and I have no problems" and, "All my needs are met."
- Staff knew people's needs and how they liked to be supported. They offered choices in line with people's preferences. Care records were regularly reviewed and updated when people's needs changed.
- Records showed that staff supported people to access healthcare services and support. Staff supported people to make healthier life choices, such as taking regular exercise.

Staff support: induction, training, skills and experience

- Staff received regular training, supervision and annual appraisals which supported them in their role.
- New staff received a comprehensive induction. They shadowed more experienced staff as part of this process until they were deemed confident to work alone.
- Staff told us they felt supported to carry out their role. Comments included, "I have received supervisions and an annual appraisal. We receive spot checks as well from the team leader."

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

- People were supported to choose their meals and refreshments. One person said, "I'm always asked what I would like to eat or drink."
- People's dietary requirements were monitored by staff and advice sought from health professionals when there were any concerns.
- Care plans detailed whether people needed additional support to maintain their nutrition and hydration.

Adapting service, design, decoration to meet people's needs

- Environmental risk assessments had been completed to ensure people were safe in their own homes. For some people the provider had contacted the local fire service to assess the property and fire safety equipment fitted.

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.

- Records had been completed to assess people's capacity when required. People's relatives and representatives had been invited to partake in decision-making when best interests decisions were required.
- People were asked for their consent before staff carried out any care or support for them. One member of staff told us, "I offer choices to people. Only one person I support has fluctuating capacity, but generally they can make their own decisions."

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 for 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 described staff as very caring. Comments included, "Very caring staff, cannot do enough for me" and, "Absolutely amazing team of girls."
- Staff were aware of people's diverse needs and how to support them. For example, one person liked to attend church services and staff supported them to do this.
- Staff feedback was mixed about how much time they had to support people's emotional needs. Comments included, "I make time to support people. We have just enough time to socialise with people" and, "I talk to people and read up about them."

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

- People were fully involved in decisions about the care they received. Comments included, "I was involved in the care plan" and, "Care planning was good, I could give my views."
- Staff understood how to support people to make decisions about their own care when possible. One member of staff told us, "When we are there, we ask them if they are happy. Most can say what they like. Preferences are supported, if they want a male or female care worker."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who maintained their dignity and privacy. One person told us, "Staff respect me." A member of staff advised, "I ask how they are feeling. When helping them to dress, I make sure the curtains are closed and ask their preferences."
- Staff described how they promoted people's independence. One member of staff told us, "We encourage [Name of person] to wash their own face."

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 for 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

- People told us staff provided care that met their needs. Comments included, "Very friendly and effective care staff", "My views and likes and dislikes are taken into account" and, "Staff ask if I need anything else."
- Staff understood person-centred care and how to best support people in line with their choices and preferences.
- People's care plans contained person centred information. For example, people's specific likes and preferences were detailed. People were involved to ensure care was delivered to them as they had requested. Care plans were reviewed and updated when people's needs changed.

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.

- The provider made sure that information was readily available in a format people could understand. One member of staff told us, "If someone needs large print, we provide it."
- People's communication needs were considered and guidance was in place to support staff.

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

- Staff ensured people's social and emotional needs were supported. Staff told us they had time to sit and chat with people during their visits.
- People were supported to maintain relationships with their relatives and friends. One member of staff told us, "[Name of person] has children. The service has improved the lives of the family and [Name] is very happy with our input."

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they needed to. Comments included, "Any issues are dealt with", "Any concerns I would call the office" and, "I have no complaints but if I did, I am confident they would deal with them."
- Staff were encouraged to be honest and open when they had concerns. Records showed staff used their own initiative to inform and work alongside relatives when they had concerns about people's care needs or well-being. Office and management staff were consulted and involved in this process to enable oversight of any concerns.

End of life care and support

- People's advanced wishes were assessed and recorded. Some people did not wish to discuss this topic, and this was documented to show staff had offered people this opportunity. Staff received end of life care training during induction and more in-depth support was available from the local hospice if needed. No one was receiving end of life care at the time of this inspection.

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 for 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.

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

- People and their relatives gave positive feedback about their experiences. People's comments included, "I wouldn't change them for the world." A relative told us, "I would recommend them to anyone, great company."
- Staff described the registered manager as supportive and approachable. Their comments included, "[Name of registered manager] is the best boss I have ever had" and, "I can talk to [Registered manager] about anything."
- The registered manager strived to ensure care was centred around each individual's needs. A member of staff told us, "The quality of care is good. The carers are fantastic, we have a good team."
- The provider was fully aware of their responsibilities to keep people informed when things went wrong. Records showed a transparent approach which ensured relatives were kept up to date and fully informed when incidents happened.

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

- Staff were clear about their roles and responsibilities. The provider completed regular themed supervisions to reinforce staff knowledge. These included topics such as; skin integrity and nutrition and hydration. Scenario based questions were included to identify where further training may be required.
- The registered manager inspired staff to ensure the visions and values of the service were promoted. One member of staff told us, "We want to do the best for people. We provide independence for people to live their lives to the best of their ability. Overall, I think we do a good job."
- The management were aware of their responsibilities and notified the local authorities and CQC of incidents that occurred at the service when appropriate.
- Staff performance was managed during supervisions, meetings and observations of care practices. Disciplinary procedures were in place if needed.
- Effective systems were in place to monitor and improve the quality of care people received. Action plans had been developed to ensure any issues were recorded and efficiently addressed.

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

- The provider encouraged people, their relatives and staff to provide feedback about the service and make

suggestions for improvement. One person told us, "My views are listened to." A relative said, "I feel listened to and valued."

- Staff worked jointly with health professionals to support people's needs. For example, when people required input from the community mental health team, staff worked with them to ensure people were fully supported in their best interests.
- The provider attended meetings and forums with the local authorities. The registered manager was keen to work in partnership with other agencies to provide the best outcomes for people.