

Comfort Call Limited

Comfort Call Nottingham

Inspection report

Unit E2 Southglade Business Park
Cowlairst
Nottingham
Nottinghamshire
NG5 9RA

Tel: 01159751441

Website: www.comfortcall.co.uk

Date of inspection visit:

30 June 2023

03 July 2023

04 July 2023

Date of publication:

21 September 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Comfort Call Nottingham is a domiciliary care agency, providing personal care to people living in and around Nottingham City. 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. At the time of the inspection 240 people were receiving personal care as part of their care package.

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

Risks were not always managed effectively. Information about risks and the safety of people was not always comprehensive or up to date. People's risk assessments were not always in place and guidance for staff on how to support people was not always clear and thorough.

Staff were not always given enough time to travel to people which resulted in some support calls being late. Staff training did not provide staff with all the skills they needed. As a result, not all staff felt confident in delivering all areas of support. For example when supporting people in distress. Not all staff felt supported, because they have not always received regular supervisions or attended staff meetings.

The leadership was not always reliable because the provider did not ensure appropriate cover for absent managers. As a result, we identified shortfalls in the governance of the service. The quality assurance processes were not always effective in ensuring risks were managed effectively. People did not always feel their complaints were managed effectively because the provider did not always follow their own complaint's policy.

People's mental capacity was assessed by staff who understood their responsibilities; however, the provider did not record the assessments in line with the legislation.

People's prescribed medicines were mostly safely managed and administered by trained staff.

People were protected from abuse bullying, harassment and avoidable harm, by staff who understood their safeguarding responsibilities.

Staff had received training and ongoing information and guidance about how to reduce the potential spread of infections.

People were supported to have a healthy diet when this was identified as an area of support. People's changing needs were monitored by staff who referred them to external health and support services when needed.

People were treated with kindness and compassion by staff who respected people's dignity and

independence.

The service was responsive to people's needs, preferences, interests, and communication needs. People felt involved in the planning and delivery of their care. People were supported with activities of their choice when this was identified as area of support.

Staff worked in partnership with other services to support care provision, service development and joined-up care.

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 17 December 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement and Recommendations

We have identified breaches in relation to risk management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our responsive findings below

Requires Improvement ●

Comfort Call Nottingham

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by two inspectors and three Experts 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been recently recruited and submitted an application to register.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be in the office to support the inspection. Inspection activity started on 30 June 2023 and ended on 4 July 2023. We visited the office location on 30 June 2023.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service. This included reviewing the last inspection report and statutory notifications received. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. The provider was not asked before this inspection to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We also contacted Healthwatch, this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 29 people who used the service and 3 relatives about their experience of the care provided. We spoke with the manager and regional manager, 10 care staff and one care coordinator. We reviewed a range of records. These included parts of 10 people's care records, including medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, complaints, compliments, incidents and the systems and processes used to monitor the quality and safety 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.

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Information about risks and safety of people were not always identified and guidance for staff on how to reduce the risks was not always clear. For example, risk assessments were not always in place for people who used alcohol excessively and behaved in a way that challenged staff. This increased a risk of harm to people and staff.
- Prior to our inspection, people's care plans did not provide thorough guidance for staff on how to support people in distress and when their behaviour challenges others. We could not be assured that staff managed the situations in a consistent way.
- One care staff said, "We did not get enough training on behaviour that challenges. We use our common sense." Since our inspection, the provider reviewed some of the care plans and risk assessments and put a plan in place to audit all of the care plans within timescale agreed with us.
- Information about risks to people's safety were not always passed on to staff because arrangements designed to do so were not robust enough. For example, two staff told us about an incident where important information was not shared with them when a person needs had changed. This increased the risk of people not being supported appropriately.
- Lessons learned from incidents were not always effectively communicated to all staff to support improvement. Most of the staff told us communication between management and care staff required improvement, because staff were not always aware of follow up on when things went wrong.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels

- The provider did not always allow staff sufficient travel time to make sure people received the amount of care that has been agreed in their care plan. As a result, care calls were often late.
- - staff rotas showed there was not always enough time for staff to travel.
- Most of the care staff told us they did not get enough travel time. One staff said, "We do not get enough time between calls. For some calls we don't have travel time at all."
- Most people told us calls were frequently late. One person said, "They are often late or too early. I have had many missed calls in the last 6 months." One relative said, "I was with my [relative] and the carers were an hour late but I'm not usually there, so I don't know if this is usual practice."
- The provider had an appropriate recruitment policy and procedure in place. Staff pre-employment checks had been carried out. This helped to ensure care staff were safe to work with vulnerable people.

Using medicines safely

- Where people received support with managing medicines, this was mostly provided safely. We identified one shortfall which increased the risk of a person not receiving their medication safely and this was promptly addressed by the management.
- Guidance about "when required" (PRN) medicines was not thorough because it did not always include information about signs or symptoms to look out for and when to offer the medicine. Following our feedback, the provider agreed to update the PRN medicines guidance.
- People who used the service and relatives raised no concerns about the support received with medicines. Comments included, "The carers only come to give me my tablets twice a day. I know what my tablets are and they ask if I'm happy to take them."
- Staff had received medicines management and administration training and had competency and observation assessments completed. Staff also had access to the provider's medicine policy and procedure.
- Staff told us they received training and felt confident in administering medication.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from bullying, harassment and avoidable harm, neglect, abuse and discrimination. People and their relatives told us they felt safe with staff. For example, one person said, "I feel safe as the carers know what they are doing."
- Safeguarding systems, policies and procedures were in place and safeguarding concerns were managed promptly using the local safeguarding procedures.
- All staff completed safeguarding training as part of their induction and refreshed the training annually. Staff understood the meaning of abuse and knew how to make sure that people who lacked voice were protected. One staff said, "If a service user told me about abuse or if I saw any concerns, I would report them to the manager. I would follow up to check what action was taken."
- People and their relatives knew about the provider's safeguarding policy. They knew how to raise concerns about their own or other people's safety.

Preventing and controlling infection

- The provider managed the control and prevention of infection well. Staff were trained and understand their role and responsibilities in regard to the control and prevention of infection.
- The provider made sure that staff have ample supplies of appropriate personal protective equipment available.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were assessed however people's care and support plans were not always up to date or tailored to people's specific needs. For example, we found several care plans where important aspects of people's health and support needs were not addressed.
- Some care plans were lacking details about people's specific needs or were no longer accurate.
- The information recorded in people's care plans did not always correspond with the information given to us by the care staff. The gaps and discrepancies in people's care plans increased the risk of people not being supported appropriately.
- Following our feedback the provider put a plan in place to address the above shortfalls. The main concerns were addressed immediately after our inspection.

Staff support; induction, training, skills and experience

- All staff completed induction and annual refresher training. However, the training and development plans for staff did not fully address their learning needs. For example, there were people using the service who misused alcohol, lived with anxiety and behaved in a way that was challenging for staff. However staff training records evidenced that staff did not receive training to support this learning need.
- Staff told us that not all of their learning needs were addressed. One staff member said, "I was not shown how to deal with aggression but I was told if you can handle situation deal with it, if not walk away." Another staff member said, "We did not get enough training about [behaviour that challenges others]."
- People told us the regular staff were experienced in providing support, however, new care staff were not always trained sufficiently. People's comments included, "The regular staff I feel are trained, but the new ones need to be showed what to do, I think that new staff need to shadow the ones that know what they are doing with me. The new or temporary ones don't seem to read the [care and support] plan."
- Staff supervision and support was not consistent. At the time of our inspection there were 25% of staff who did not receive supervisions as per provider's own policy. Staff told us their supervisions were not regular. One staff member said, "Supervisions should be every 3 months but they are whenever it suits [management]."

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 MCA 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

- The staff did not always assess people's mental capacity in a way that met the legal requirements. The provider did not effectively monitor if mental capacity assessments were used appropriately and in line with national guidance.
- The staff knew what they need to do to make sure decisions are taken in people's best interests, however, this was not always documented appropriately.
- All staff received Mental Capacity Training and the staff understood what they needed to do to make sure decisions were taken in people's best interests. However, the senior staff who completed mental capacity assessments had not received training to ensure the documentation was completed correctly.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink when this was identified as a support need. The nutritional needs were clearly recorded in people's care plans.
- People's nutritional needs were reviewed. Relevant professionals were involved to ensure people's needs continue to be met. For example, when staff noticed that people were losing weight, they asked for dietitian's advice and guidance.
- People's cultural needs and diet preferences were recorded in their care plans and staff were aware of them. This was considered when supporting people with food shopping and preparing meals.

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

- There were clear systems and processes for referring people to external services. We saw multiple examples of staff liaising with other health care professionals to support people effectively with their changing health needs.
- People were involved in making decisions about their health and care. People felt involved in making those decisions. One person said, "I had a conversation with my carer when I decided that my calls can reduce from 3 to 1 and that was put in place for me."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; equality and diversity

- The provider ensured that people were treated with kindness. This was reflected in the feedback from people and their families. The people were positive about the caring attitude of staff. One person said, "The carers are great, very nice and friendly and they sit and chat with me."
- People were treated with dignity and respect. Their relationships with staff were positive. One person told us, "My carer is great. Very caring. She is very respectful."
- Staff told us they enjoyed their job and the best aspect of it was looking after people. One staff said, "I love my job. What I love about it the most, is the people I support."
- The staff knew the people they support well. They talked in detail about people's individual needs and preferences. Where people had specific cultural needs, staff were respectful of that.

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

- At the time of our inspection, the provider did not have information about available sources of information, advice, and advocacy to help people and their families readily available. Following our feedback, the new manager agreed to gather the information and share them with people.
- Staff understood when people wanted help from their families and others important to them when they were making decisions about their care and support. They supported people with gaining the support in a way that was sensitive to people's individual needs.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect and without discrimination. One relative said, "The carers are kind and respectful to my [relative] and treat [relative] with dignity and respect."
- The provider supported and encouraged staff to notice and challenge any failings in how people are treated through training for staff that underpinned values of kindness, respect, compassion and dignity in care.
- People were offered as much choice and control as possible in their lives by staff who encouraged independence. One relative told us, "The carers will compliment my [relative] when they see he has managed to accomplish some tasks on [their] own."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant there was an increased risk of people's needs not being met.

Improving care quality in response to complaints or concerns

- Whilst some people had a positive experience to complaints or concerns raised, others were negative. This was in particular to the times of care calls which had been a long-standing problem at Comfort Call.
- Provider had a complaint policy in place; however the staff did not always follow the policy. Not all written and verbal complaints were acknowledged by staff. Staff did not always take appropriate actions to respond to issues identified by a complaint.
- The provider was aware of the above issues and the new manager was in process of addressing it.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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 completed initial assessment when people first started using the service, including needs on the grounds of protected equality characteristics, and their choices and preferences.
- People and their families were involved in developing their care, support and treatment plans, however they were not always reviewed effectively to reflect people's holistic needs.

- People were encouraged to make choices and maintain independence. One person said, "My carer supports me with what I cannot do but encourage me to do what I can for myself."
- Staff supported people with social care needs, such as shopping and participating in activities when this was part of their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- If required, the provider was able to provide information in different formats to support people.
- The care plans were electronic, but the people using the service or their relatives were able to access their electronic care records or this could be accessed in the paper format.

End of life care and support

- At the time of our inspection, end of life care was not being provided. However, staff received additional training and support in end of life care.
- Specific end of life care plans were used that provided staff with guidance on the end of life care people.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service was not always well-led. The majority of people raised concerns about the management. One person said, "The service got worst in the recent months with all the management changes." Another person said, "There seem to have been so many managers I'm not sure who is in charge."
- The support for staff was inconsistent. Staff did not receive support and supervisions as per the provider's own policy. The provider was aware of it and had a plan in place to address it.
- Providers' systems and processes such as regular audits of the service were not always effective in monitoring and improving the quality and safety of the service. For example, whilst safety incidents were recorded, they were not always analysed for trends and patterns. This increased risk of the incidents reoccurring.
- The provider did not always identify where quality or safety were being compromised and did not always respond appropriately. For example, care plans and risk assessments were not always accurate, complaints were not always logged, supervisions were not completed regularly timely and mental capacity assessments were not recorded in line with the legislation.
- The provider did not consistently introduce measures to reduce or remove risks to people's and staff's health and safety. timely. For example, there was no clear guidance for staff on supporting people whose behaviour challenged them,
- Governance of the service was lacking consistency. In the last few years, the provider was unable to retain management staff, including a registered manager. As a result, there were unaddressed quality performance issues at the service.

The provider had failed to ensure that their systems and processes were effective in assessing and monitoring the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were not actively involved in running of the service. Some staff felt isolated because there were no regular opportunities to meet colleagues, or to discuss best practice in a learning and supportive environment.
- There was a limited approach to sharing information with and obtaining the views of people who use the

service. Feedback from people evidenced that the provider need to make improvements on gathering regular feedback from people. One person said, "I have recently been asked how it is all going but that was the first time in 3 years."

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 provider understood their legal responsibilities in relation to duty of candour and sent the necessary statutory notifications.
- During the inspection process, the management spoke openly about actions taken to improve the service, and areas where action were still required. The provider had started taking actions to address some of the shortfalls prior to our infection and following our feedback, the plan was revised to tackle the issues identified during the inspection.

Working in partnership with others

- The provider worked in partnership with other professional and agencies. We saw examples of multiple of referrals to healthcare professionals, such as or dieticians or physiotherapists.
- We saw evidence of staff seeking support from other agencies to make sure that people's needs were met. For example, when concerns about person's mental health were identified, the staff promptly contacted the mental health support team to get advice and support.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were at increased risk of harm because risks were not always assessed, monitored and managed appropriately.</p> <p>Regulation 12(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service management and leadership was inconsistent. The provider did always assess, monitor and improve the quality and safety of the service, and did not always mitigate risks relating to the health, safety and welfare of people who use the service. The provider did not always act on feedback from people for the purposes of continually evaluating and improving the service.</p> <p>Regulation 17(2)</p>