Care Quality Commission

Comfort Call Limited

Comfort Call

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

Overall summary

We inspected Comfort Call Durham on 15 July 2014 and the inspection was unannounced. Our last inspection took place in January 2014 and we found the service was meeting all the essential standards.

Comfort Call Durham is registered to provide personal care to people who need assistance but want to continue living in their own homes.

The service had a registered manager who had been in post since January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who used the service told us they felt safe and staff knew what they doing.

We found staff received training relevant to their role and pertinent to the people they cared for.

Summary of findings

We found arrangements were in place to support people who would find making decisions difficult. This meant people were cared for in a way they preferred.

People's complaints and comments were responded to by the manager to ensure the service was responsive to people's needs. One person said "Mother is very happy with the service. The carers know what to do and are polite and respectful" and another person said "The carers are very good".

We found the manager undertook auditing to monitor and improve the quality of the service.

At the time of our inspection there were approximately 350 people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff we spoke to knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The provider had effective systems to manage risks to people's care. Staff managed people's medicines safely. People who used the service told us they felt safe and were confident that staff knew what they were doing.

People were given safe care in line with the information in their care plans and this information was reviewed and updated as people's needs changed. Risk assessments to make sure people were safe had been written.

Is the service effective?

Good

The service was effective. We saw that people and their families were involved in their care and were asked about their preferences and choices. Care was given by staff that were trained to meet their individual needs. People's care plans included information about their individual likes and dislikes, personal history and family details.

Staff we spoke with told us they received training that was relevant to their role. We also found staff were provided with training in more complex issues like challenging behaviour and re-ablement.

The registered manager told us staff had appraisals, supervisions and spot checks were also carried out. We found staff files contained evidence of these and included records of discussions held.

Is the service caring?

Good

The service was caring. We looked at the care plans for five people who used the service. We saw all care plans were written in an individual way and gave information about people's personal preferences, likes and dislikes.

We looked at arrangements that were in place to support people who would find making decisions difficult. We saw some of the people who were being cared for had Mental Capacity assessments carried out to establish whether they were able to make important decisions on their own. This ensured people were cared for in a way they preferred because they, or someone who knew them well, was involved with planning their care and support.

Is the service responsive?

Good

The service was responsive. We saw people's care plans and the length of the calls made were directly linked to the help being provided on particular dates and times. For example if someone wanted help to bathe extra time was allocated to allow carers to assist with this.

We spoke with people who used the service about their care. We were told carers were quite flexible and would change the day of a bath or the day washing was done. This meant care staff were able to respond to the needs of the people they cared for.

Summary of findings

We saw the provider had a complaints procedure in place and people who used the service and their families were able to raise concerns about the care provided. People we spoke with told us they knew how to make a complaint. We saw complaints had been investigated by the manager and the complaint had been responded to.

Completed surveys that had been received by the service were used to analyse the quality of care and consider how to improve care. This meant people were able to express their views on the way the service was run and have a positive input to changes.

Is the service well-led?

Good

The service was well led. We saw the provider had in place policies on whistle blowing, bullying and harassment and health and safety and a notice in the office told staff how to raise concerns.

We found the manager undertook quality audits to monitor the service. Actions to improve the service were identified and carried out. We saw a training matrix was in place which showed the dates staff participated in training and when it was due to renewed.

Comfort Call

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 checked 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.

We inspected Comfort Call (Durham) on 15 July 2014 and the inspection was unannounced. Our last inspection took place in January 2014 and we found the service was meeting all essential standards. Comfort Call (Durham) is a domiciliary care agency that is registered to provide care and support for everyday tasks and personal care. At the time of our inspection the agency had approximately 350 people using their service.

Our inspection team consisted of two Adult Social Care inspectors and one expert by experience who spoke with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service including notifications and safeguarding concerns. We were not aware of any concerns from the local authority, local Healthwatch or commissioners. We asked the provider to complete a pre-inspection provider information return and used this to inform some of our planning.

During the inspection we spoke with 40 people who used the service, five relatives of people who used the service and five staff who cared for and supported people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service told us they felt safe and were confident that staff knew what they were doing and that staff seemed to have the right training for their roles. People were given care in line with the information contained in their care plans and risk assessments. This was confirmed by people we spoke with. We saw from the care plans we looked at this information was reviewed and updated as people's needs changed to make sure that the care they received was safe.

We saw risk assessments were written as part of the care plans and they were used to identify potential risks to people's health and wellbeing. Risk assessments gave details of the risks to both staff and people who used the service and covered areas like use of hoist, skin care and stair lifts.

Risk assessments had been written in a way that was specific to the needs of each person and included areas like personal safety, mobility, finances and use of stair lifts. We saw assessments were clearly written and outlined what people could do on their own and how and when they needed assistance. This meant staff had guidance about the people they cared for and were able to keep them safe from the possible risks associated with the person's needs and lifestyle.

People who used the service told us their individual choices and decisions were recorded in their care plans and staff encouraged them to do things to help maintain their independence. All the people we spoke with said they felt very safe with this provider. One person said "Do I feel

safe, yes I do". We spoke with staff about safeguarding and whistleblowing and asked them if they knew what they were. Staff we spoke with confirmed they knew about safeguarding and whistleblowing. Staff were able to give us examples of the different types of abuse and confirmed to us they had received safeguarding training. Staff we spoke with were confident that they would recognise the signs of abuse and knew how to report any concerns. We saw notices were displayed in the offices about both safeguarding and whistleblowing.

The registered manager gave us an example of a time when a member of staff had raised concerns and these had been appropriately investigated. We also saw the provider had made referrals to other agencies in relation to the concerns meaning the potential for risk to others was reduced. This meant the provider worked with other agencies to keep people safe.

People who used the service usually had the capacity to make their own decisions. Some of the people who used the service funded their care through direct payments and had chosen to use Comfort Call (Durham) and had a contract in place which outlined the expectations of both parties.

We looked at arrangements that were in place to support people who would find making decisions difficult. We saw some of the people who were being cared for had Mental Capacity assessments carried out to establish whether they were able to make important decisions on their own. Where people's assessments showed they did not have the ability to make decisions we saw family members, representatives or advocates helped to complete care plans and make important decisions on their behalf. This meant people were cared for in a way they preferred because they, or someone who knew them well, was involved with planning their care and support.

We looked at the processes in place for the administering of medications and saw all staff were provided with training on assisting with medications and also recording when prescribed medications had been given. We looked at the Medicine Administration Record (MAR) of three people who used the service to check that staff had recorded when people's medication had been given. We found oral medications were recorded but topical creams and lotions were not always recorded. There was also no record of when creams had been opened or their expiry dates. This meant the provider whilst ensuring people were safe with their oral medication was unable to account for the use of topical medications used on people's skin and they may not have been receiving the treatment they required.

The manager told us prior to providing care an assessment of needs would be carried out to establish how much support people required. This assessment included reviewing people's capabilities and mobility in order to ensure the correct number of care workers would be available to carry out care. This was confirmed when we looked at the care plans of people receiving care and also when we spoke with people who used the service.

Is the service safe?

When people's care started a number of care staff were put in place to carry out the care required. This helped to ensure people had regular carers and kept the care consistent. Care staff had a regular group of people they cared for this was confirmed by people who used the service. People we spoke with told us they usually had the same carers. However they told us when their regular carer was off work they often didn't know who would be coming in their place and would like to be told who to expect.

We saw the provider had a clear recruitment policy in place. We looked at the recruitment records for three members of staff and saw that appropriate checks had been carried out before staff began work. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from a previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and driving licences as well as proof of their home address. All these checks helped to ensure people were receiving care from people of good character.

Is the service effective?

Our findings

We spoke with 40 people who used the service and five of their relatives. People spoke positively about the service and the care they received. One person told us "The service is absolutely brilliant" and another told us "The carers do everything that is in the care plan."

Before people started using the service they had an assessment to ensure the service was able provide an appropriate level of care. In addition people were given a service user guide which gave them details of how to contact the agency, emergency numbers, how to make a complaint and the areas of support the agency provided.

We saw care plans contained a care plan index, details about the person including next of kin, GP name and details of other healthcare professionals involved in their care. The care plans were easy to read and information was easily located. This meant the provider could easily contact relevant people when required.

We looked at care plans to see if people were involved in the assessment of their care needs. The care plans we looked at showed the names of people involved with care reviews and assessments and also had signatures to show people agreed with the care plan and gave their consent for care to be carried out.

Some of the people receiving care and support were unable to participate in reviews and assessments of their care needs. Where people were unable to assist family members or other representatives who knew them well were asked to help. This meant the information held was accurate record that resulted in effective care being given.

People's care plans included information about their individual likes and dislikes, personal history and family details. People's social activities were also recorded which helped staff develop an understanding of the person they were caring for and build a relationship. In addition, if people were prescribed medications and creams information was included about what the medications were and how often they were required. Where people had medicated creams that needed to be applied to their bodies, we saw body maps were included in the care plan. Body maps are outlines of bodies which are marked to show where creams are applied or where skin may have been damaged, for example after a fall. However, the application of those creams were not always recorded on the Medicines Administration Record (MAR).

People were encouraged to continue with social activities and where required staff supported them to do this. This meant people were able to continue to be part of their community. In addition if medical appointments were planned staff were able to support people to attend these.

Staff we spoke with told us they received regular supervisions where they could discuss any issues on a one to one basis with their manager including their performance, training needs and any concerns they had. The registered manager told us staff had appraisals, supervisions and spot checks were also carried out. Spot checks were when the manager or supervisor went to a location where care was being provided and checked that staff were wearing uniforms, had identification and used correct equipment. Staff were not aware of when spot checks would be carried out. We found staff files contained evidence of these and included records of discussions held. This meant that staff performance was being monitored and feedback given if improvements were needed .

Staff we spoke with told us they received training that was relevant to their role. Training included ways to support people with their medications, and also to assist with their recovery after accidents or periods of illness. One member of staff told us they were provided with a lot of training and another member of staff told us, "We have a lot of training for all sorts of things."

We looked at the training matrix/records which showed staff were able to access training including safeguarding, bullying and harassment and first aid. In addition staff were provided with training in more complex issues like behaviour that challenges. We found the training staff received was relevant to their role. The training matrix showed the dates staff participated in different training and when it was due to be renewed. This meant staff training was continually monitored to ensure staff were up to date and remained effective in their role.

Where needed care workers prepared meals and drinks for people who used the service and were able to monitor what people ate. If care staff were worried about people's nutrition they were able to record concerns in the daily

Is the service effective?

notes and with the office. This helped to ensure the dietary intake for people who used the service was enough to support them and people's families could be contacted if this was not the case.

Is the service caring?

Our findings

People we spoke with told us the care staff were kind and patient, treating people with respect and dignity. One person told us, “They respect my privacy and dignity, they are great.” Another person told us, “The carers are very polite and respectful."

We asked staff about the care they provided and what they did to ensure people’s privacy and dignity were respected. Staff we spoke with told us, “I always ask people if it’s okay for me to do things for them”, and, “I make sure curtains and doors are closed when I’m looking after people.” This meant people were treated with respect and their dignity was protected.

Staff told us they supported people who used the service in a way which helped to promote their independence by asking if they wanted help to complete tasks and what help people would like.

Care and treatment was planned and delivered in a way which ensured people's safety and welfare.

People who used the service told us they were involved with the planning of their care. They were able to tell staff the level of care they needed and also how they wanted support provided. We looked at the care plans for five people who used the service. We saw all care plans were written in an individual way and gave information about people’s personal preferences, likes and dislikes. For example one person preferred to have a bed bath rather than a shower and another liked to have toast and a cup of tea for breakfast. This helped ensure people were treated as individuals and care staff took time to get to know people and find out what they wanted.

We saw people’s preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people’s wishes.

People told us that staff listened and responded to their views. The manager told us there were regular reviews held involving people and a senior support worker. This was to make sure people’s current care and support needs were identified agreed and met. The review records we looked at confirmed this. The manager said they found these review meetings were an effective way to communicate with people and their relatives.

This meant people who used the service were given appropriate information and were involved in making decisions about their care and treatment.

People who used the service, those that matter to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff.

The manager said they had an ‘open door’ policy, which meant they were always available to talk with people and their relatives as and when they needed. This was corroborated when we spoke with people. For example two people we spoke with felt communication was good and that they could make their views known to the provider and manager at any time.

As part of this inspection, we spoke with other professionals involved with people’s care. These included Healthwatch, commissioners and care managers. No concerns were raised by any of these organisations.

Based on what people told us, they said support workers were very kind and had a caring attitude.

All of these measures ensured people’s needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Is the service responsive?

Our findings

People we spoke with told us they knew how to make a complaint. One person told us, "I raised a couple of minor issues which were eventually addressed." Another person told us, "The carers are very good, it is the office that is the problem." People told us they had little confidence in the office staff. This meant although people knew how to make a complaint they did not feel sure that it would be properly communicated. Following our inspection we told the registered manager about people's concerns. The manager told us she would investigate these complaints.

The manager told us where possible, prior to starting to receive care, an assessment of needs was completed for people wishing to use the service. If care was being provided as part of an emergency situation an assessment of needs was carried out as soon as possible helping to ensure people were protected from receiving inappropriate care. Assessments were carried out to establish what people's needs were and ensure the service was able to meet them. If needed, staff were provided with specialised training to help them care appropriately for people. For example if someone had a catheter staff would be trained on how to empty it and carry out appropriate catheter care. Where people had a social worker, a copy of the multi-disciplinary assessment (an assessment made by a team of health and social care professionals) was also provided. We saw appropriate assessments in each of the care plans we looked at. This meant the service gathered information pertinent to people's needs before planning their care.

Care plans included details of the number of visits people got, the tasks they wanted carried out and the length of time each visit would last. Tasks to be carried out were recorded for each day and information was included to show how many care staff were needed and if any medical equipment such as hoists, shower chairs and commodes were to be used. This ensured staff were given the correct information required to care for a person. Care plans also contained details of people's background, outcomes, goals and wishes and how they would like to be helped to remain independent.

We saw people's care plans and the length of their calls were directly linked to the help being provided on particular dates and times. For example, if someone wanted help to bathe extra time was allocated to allow carers to assist with this. We spoke with people who used the service about their care. They confirmed to us carers were flexible and would change the day for example of a bath or the day washing was done. This meant care staff were able to respond to the needs of the people they cared for.

Care services were commissioned by both the Local Authority and privately. The care provider offered a range of services to people. This included helping with personal care, shopping, housework and a sitting service. In addition people could request help to attend church, social events and medical appointments meaning they were able to continue to participate in activities they enjoyed and live independently.

We saw the provider had a complaints procedure and people who used the service and their families were able to raise concerns about the care provided.

We looked at some of the written complaints that had been recorded. We saw the written complaints had followed the complaints procedure and a record of action taken had been recorded. Where verbal complaints had been made it was not clear if these had all been recorded and dealt with.

Is the service well-led?

Our findings

We spoke with staff and people who used the service about it's leadership. Staff we spoke with told us they were happy with the registered manager and felt she was supportive towards them. One person told us "I really love working here." Another person told us "It's a great job, I really enjoy what I do." Staff also told us they received lots of training and felt the training they received helped them to carry out their jobs.

We found Comfort Call covered a large area of County Durham and the provider had divided the service into smaller teams, each team covering one area led by a care coordinator. This meant staff travelling time was reduced and there were regular groups of staff able to deliver care to people in their own homes. There were three care coordinators in place who were able to carry out any initial assessments of care.

We saw minutes of staff meetings which had been held for each area the service covered. These meetings were held by the supervisor of the area and the timing between meetings varied, however the evidence we saw showed these were usually monthly. Due to the nature of the service there was never an opportunity for all staff to meet together. Despite this minutes of the meetings were available and important information was shared between regions during these meetings. We read a sample of the minutes that were recorded for each of the meetings. We saw these were used to discuss changes, training and as a forum for staff to raise things that were important to them.

We looked at staff supervision meetings. A supervision meeting occurs between a staff member and their manager to look at their performance, training needs and any concerns they may have. We found staff received regular supervision meetings with their manager and were also subject to annual appraisals. We also saw the provider undertook spot checks on staff. The spot checks included checks on staff to see if they were wearing correct uniform and appropriate personal protective equipment. The registered manager used these to ensure staff were competent in their roles. This meant the provider had in place ways of ensuring the quality of the service was monitored. Following spot checks staff were informed of the findings. This enabled supervisors to identify areas which required improvement and gave staff the opportunity to make changes.

We looked at the policies the provider had in place and saw there was clear information for staff in relation to whistle blowing, bullying and harassment and health and safety. We saw the provider displayed information in the office to encourage staff to report any concerns they had. This included information about who to contact if they felt people were at risk of abuse or were being mistreated. By doing this we found the provider was demonstrating to staff their expectations of staff behaviours.

Surveys were sent out to people who used the service, their families and staff who carried out care. When surveys were returned to the service the responses were recorded and this information was used to enable improvements.

Audits were carried out for several areas like accidents and incidents, missed and late calls, and daily records. These audits were used to ensure paperwork was correctly completed and so lessons could be learned from problems that had arisen and so improvements or changes could be made. This helped to ensure people were given the care they needed and the standard of care provided was kept high.