

Comfort Call Limited

Comfort Call (Salford)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection of Comfort Call (Salford) was carried out on the 9, 10 and 11 January 2017 and the first day was unannounced.

Comfort Call (Salford) is a domiciliary care agency which provides personal care services to people living in their own homes in the Salford area of Manchester other services are offered such as domestic and shopping visits. Comfort Call also manage five extra care housing schemes based in the Salford area. The service is registered with the Commission to provide personal care. The main office is located on the high street in the centre of Eccles.

At the last comprehensive inspection on the 16 December 2015 breaches of legal requirements were found. These were relating to medicines management. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We then carried out an unannounced focused inspection on the 11 April 2016. As part of this inspection we checked to see that improvements had been implemented by the service in order to meet legal requirements.

During this focused inspection we found that the service was now in breach of three Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staffing, good governance and a continued breach of safe management of medicines. The overall rating at this time was changed to inadequate and the service was placed into special measures.

At this inspection we found the service to be in breach of four regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Three of these were continued breaches in areas around staffing, safe management of medicines and good governance. An additional breach was found around person centred care. You can see what action we told the registered provider to take at the back of the full version of the report.

At the time of inspection the service had a registered manager who had been registered with the Commission since, 25 July 2016. 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 as set out by the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found minimal improvements had been made in the safe handling of medicines. At the previous inspection we had found that there were a high percentage of signature omissions on the Medication Administration Records (MARs).

At this inspection we saw that the number of omissions had reduced but there were still numerous times when carers had failed to make a record of medication administration either on the MARs or in the daily notes. We also found that unexplained codes and symbols were still being used on the MARs.

Medicines which must be given at specific times of day or with specific reference to food were not given at the correct times. We also saw that some people had medication to be taken once a week but this was not always consistently administered. The service did not have protocols to guide carers how to give /apply these medicines safely and consistently.

Staff had all been retrained in medicines handling, but policies and procedures had not been updated to include the new training and staff would have to remember what they had learnt during training sessions.

Staff monitoring systems showed differences on people's allocated call times and the actual time of visit. Staff reported they at times felt rushed, however, overall people using the service were happy with the call times. New staff were being employed to alleviate this issue. However this was a slow process due to the amount of care staff applying.

People told us they felt safe and that staff ensured their needs were met before securing their properties when leaving.

People told us they were provided with personalised care and support based on their individual needs and requirements. However, care files lacked detail for staff around people's assessed needs and preferences.

Care plans also lacked detail and appropriate documentation around people's dietary requirements and risks associated with pressure areas. This meant, staff both established and newly recruited were reliant on each other and the person to ensure the person's needs were met safely and in line with the person's preferences.

People's opinions were routinely sought and acted upon by means of questionnaires, Action plans were created however we found certain negative responses had not been added.

Clear safeguarding policies and procedures were in place. These provided staff with guidance and training in recognising the signs of abuse and helped to ensure the staff team were fully aware of action they needed to take should they be concerned about a person's welfare.

Staff displayed appropriate knowledge about how to respond to and ensure any safeguarding issues had been notified to the relevant authorities and the Care Quality Commission (CQC).

Detailed environmental risk assessments were in place in people's files. Lone worker policies were also in place. The service had contingency plans in place in the event of failure to utility services or equipment.

The provider had ensured a robust recruitment system had been implemented. Appropriate steps were taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a thorough induction plan was carried out which ensured staff were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner.

The service also offered a variety of training to its staff which ensured the staff team were skilled and experienced in safely and effectively supporting the people using the service.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. However not all staff had an understanding around Deprivation of Liberty Safeguards.

People spoken with did not know who the registered manager was but were able to inform us what they would do should they have a complaint. Staff reported that the registered manager was approachable and that the service had improved since she had been appointed.

We found audits had not been effective as they had not identified the issues raised in this inspection around areas such as care plan content, reviews and medicines compliance.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not always managed safely.

Staff recruitment was on-going, however, staff were still expected to manage two and three calls at the same time.

Safe recruitment procedures were in place to ensure suitable staff were employed at the service.

People told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm.

Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Information about people's dietary preferences and nutritional risks were not always clearly documented in their care plans.

A training schedule was in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

Staff received a thorough induction prior to commencing employment.

Supervision and appraisal was being carried out effectively and in line with the provider's policy requirements.

Is the service caring?

Good ●

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

Staff were knowledgeable about people's individual needs.

People's privacy and dignity was maintained.

Is the service responsive?

The service was not consistently responsive.

Staff were reliant on each other and the person using the service for information about their daily routine. This was because care plans lacked appropriate information for staff to follow.

People did not know what their allocated call times were. This detail was not included in the person's file.

People felt able to raise concerns and had confidence that their concerns would be addressed appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The management had failed to provide adequate quality assurance and oversight in some areas of the service provision.

The service had a manager in post. Who was registered with the Care Quality Commission at time of inspection.

The registered manager responded to a request for further information made by the Commission following the inspection within the allocated time frame.

Inadequate ●

Comfort Call (Salford)

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 was 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.

This inspection took place on the 9, 10 and 11 January 2017 and was announced. The registered manager was given 48 hours' notice of our intention to visit, this was to ensure they would be available for the inspection.

The inspection was carried out by two adult social care inspectors and a pharmacy inspector on the first day. One adult social care inspector on the second day and a pharmacy inspector on the third day. A further three adult social care inspectors conducted telephone interviews to people using the service and members of staff the following week. At the time of our inspection there were 439 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with 25 people who used the service and or their relatives, 10 care staff the registered manager and regional manager.

During our visit to the office we looked at a sample of records including 24 people's care plans and other associated documentation, 14 people's medicines records, 10 staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, policies, procedures and audits.

Is the service safe?

Our findings

People we spoke with who were using the service told us they felt safe living at home with the support from the care agency. People told us, "The service is very good I have lovely carers. I have no problems at all and feel safe in their presence." Another person said, "They always lock up behind them. They are very good and if it wasn't for them I would be in a home." A third person said, "Oh yes I feel very safe and even more now I have the girls to check on me."

At our last inspection we found a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. We found that records could not be relied on to demonstrate that people had been given their medicines as prescribed and information in people's care plans were incomplete and did not offer clear instruction to staff about how it should be handled safely. Following this inspection we took action against the service to make the required improvements.

We looked at medication records for 14 people. We found concerns regarding the safe handling of medicines for all those people.

We found minimal improvements had been made in the safe handling of medicines. At the previous inspection we had found that there were a high percentage of signature omissions on the Medication Administration Records (MARs). We saw that the number of omissions had reduced but there were still numerous times when staff had failed to make a record of medication administration either on the MARs or in the daily notes. We also found that unexplained codes and symbols were used on the MARs. This meant the records still could not be relied on to demonstrate that people had been given their medicines as prescribed.

As at the previous inspection we found that information about medicines in people's care plans was incomplete and did not explain how staff should handle individual people's medicines safely. The information in the care files was mainly copied from the council's support plans. We found either there was no list of medication or the medicines listed by the council were not exactly the same as people were currently taking. This was because the lists of medication were not up to date and for one person the list was 16 months old. This meant the agency did not have a robust system to check that people were being given the correct medicines, placing them at risk of harm.

The agency told us after our last inspection that they had improved the documents used to assess how much support each person needed with their medication. However the new documentation had not been implemented for 12 out of the 14 people whose records we looked at. This meant that as at the previous inspection the information recorded in people's care files regarding their ability to look after their own medicines was confusing and conflicting. This information still failed to guide staff as to the level of support people required and how the staff should help people manage their medicines safely.

We saw that the new documentation was in place in for two people. However the assessment for one person was blank so it was not clear what support, if any, this person needed. The other person's assessment was filled in to instruct staff they must 'give medicines with plenty of water.' However, it also stated that they were not receiving any support with their medication from the agency.

As at the last inspection the medication risk assessments still stated that people needed 'supervision' to take their medicines. The term 'supervision' was still not defined in the medicines policy. The manager informed she thought it meant that staff would just, 'watch over' someone taking their medicines. However no explanation was offered as to why it was used for people who were assessed as requiring 'complete support' because they were unable to understand the medication they were prescribed.

The agency were also uncertain as to how many calls a day two people should be having and this impacted how they were being supported with their medicines. We saw that some people, who were assessed as requiring full support with their medicines, had medicines left out for them "to take later" this included one person who was described as having 'memory loss.' Sometimes medicines were left out because they did not have a visit at the time they needed to take their medication, or because two visits were too close together to give the doses safely. We saw that on some occasions people missed doses of their medication because of this. The records kept by the agency did not show what times people preferred or needed their visits. We saw that some carers gave doses of paracetamol to people too close together because their visits were not spaced evenly.

We saw that one person ran out of one of their medicines for over six days because as at the previous inspection we saw that there was missing information to explain who was responsible for ordering medication.

We saw that when one person's medication dose changed the information was not properly transferred to the following MARS. This meant that they did not have the correct dose for several days which may have placed their health at risk of harm.

The managers told us that staff had all been retrained in medicines handling, but they confirmed that the policies and procedures had not been updated to include the new training and staff would have to remember what they had learnt during training sessions. This meant staff had nothing to refer to in order refresh their memory. However we also saw, as at the last inspection that, staff failed to follow the guidance which was available to them.

The agency told us that the person responsible for checking and auditing the log books and MARS to ensure medicines were given safely only been in post for eight weeks but had not received any formal training during that time.

This meant there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment. This was because medicines were still not being managed safely.

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service had insufficient numbers of staff deployed to ensure visits were undertaken effectively within a reasonable amount of time. Following this inspection the service voluntarily suspended the admission of any new care packages to enable them to recruit more staff to meet the needs of existing care packages.

At this inspection we found improvements were being made around staffing numbers and the management of late/ missed visits, however this was a slow process. The registered manager told us, "We still have a long way to go with recruiting people. We are not recruiting as many people as we would like and we have just lost a few of our existing staff to over the Christmas period." The registered manager also added, "We have a constant recruitment drive at the moment and we are hopeful we will be in a position soon where we can eventually have an increase on staff."

This meant that at times staff were still being given double call times. For example one staff rota we looked at identified two separate 15 minute visits being allocated at the same time. We spoke with this particular member of staff and the two people identified. People we spoke with who used the service did not appear to be effected and told us they never felt rushed and were never left waiting a considerable amount of time for their visit. The staff member said, "Sometimes I can feel rushed. Last week I had three calls together and they were all double ups. It's down to me and the other staff to sort it. Because we know the people well and know their preferred times it's not too bad. But yes it is very busy at times."

Feedback we received from further staff about staffing levels within the service and around management of call timings was mixed. Staff also reported that they did leave calls early if all work was completed. One member of staff said; "In terms of the staffing numbers at the minute I think there are enough to get round everybody but I can only speak for myself. There is sufficient time between calls and I feel my rotas are set out okay. If I have done all the work, sometimes I will leave 5-10 minutes early, but only if the client's needs have been met first." Another member of staff told us, "I feel there are enough staff. It's improved recently. They have taken a lot more staff on and I have noticed a gradual change. My rota is alright. I plan ahead and find I have about 10 minutes between calls. Staff that walk to calls seem to struggle though. If I have done everything, then I do go early sometimes. One person has a half hour call and one day I stayed 24 minutes whilst another day was 38 minutes." Another member of staff added, "Sometimes they will give you two calls at the same time and it's annoying because you are late for the rest of the calls then. There have been other times in the past when calls are booked too close together. There isn't always enough time between and it gets on my nerves." A fourth member of staff also told us, "I feel there are enough staff, but in the past, management of the rotas has been poor, resulting in late and missed visits, it is better now."

We spoke with 25 people about their experience with the timings of their calls. People told us that over the past months call timings have become better in relation to late calls and missed visits. Comments included, "I have previously raised concerns with the office about late calls and couple of missed visits, however, this was addressed," A second person said, "Yes, they are excellent." A third person said, "We don't have an actual time, but they come at a decent time which is convenient" and a fourth person said, "Never used to, but lately been a lot better."

We looked at 15 staff rota's and noted the 'expected call time' was frequently different from the, 'actual call time' and in some instances this time could be up to two hours different. We spoke with staff, the registered manager and people using the service about this difference. The registered manager told us that the rota system was a new system which still required working with. Therefore some of the times input on the rota were not the actual call time. The staff we spoke with about this confirmed this to be the case. They added, "We know the people we support and their preferred times therefore we stick to what we know." Comments from people who used the service when we spoke with them about the 'expected call' time confirmed this time would not be appropriate for them. People stated if the carers arrived at the 'expected time' as per the rota they would not get in, as it was either too early or too late.

The registered manager added. "I know it is not ideal that times are changed and staff are being allocated double visits, but my priority at the moment until we have sufficient staff is to ensure every person receives a

visit and nobody gets missed."

We spoke with people using the service about their experience when staff arrive and if they are made to feel rushed. Each person we spoke with told us they never felt rushed and that staff at times will spend a little longer with them chatting. People confirmed all the support needs were always met before the carer left.

Whilst positive changes were being made further work was required to ensure that sufficient numbers of staff were available to meet peoples' needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. The staff we spoke with had a good understanding of safeguarding, abuse and how they would report concerns. One member of staff said, "Bruising could be a sign of physical abuse and financial abuse could be if someone's money was being stolen from them. If I had any safeguarding concerns I would report it to the office. I know I could also speak with the social worker, family or police if need be." Another member of staff said, "Financial and sexual are some of the types of abuse that could take place. I feel if there were problems with money and receipts then that could be financial abuse. People being upset or having bruises would raise concerns and I would report it straight away." Another member of staff said, "Bruising, quietness, not eating and changes in behaviour could be signs of abuse. If I came across something like that I would inform the office. I feel appropriate action would be taken but I would speak to somebody higher up in the organisation if required." We noted all staff had received up to date training in the prevention of abuse.

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

We looked at how risks to people's individual safety and well-being were assessed and managed, this included staff. We looked at 24 people's individual files and noted individual risk assessments and risk management strategies were in place to guide staff on minimising such risks to people's wellbeing and safety. We saw environmental risk assessments covering lone worker, outside lighting, parking arrangements, security of the property, flooring, electrical appliances and pets were some of the areas considered.

The service had recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We looked at 10 staff personnel files. We found robust recruitment checks were completed before new staff commenced working at the home. The files included; proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. We saw staff were sent an offer of employment once the recruitment checks were completed.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

All staff were provided with an identity card that remained the property of the company. These were required to be returned when staff left. Staff were provided with disposable gloves and aprons and hand

cleansing gels to minimise the risk of cross infection. Care plans included details for staff to follow best practice for the safe disposal of continence products.

Is the service effective?

Our findings

People using the service felt that over the past months the service they received had improved and become more effective. People told us that that staff were kind and helpful and never rushed them in their daily routine. People added that staff help them with their daily dietary requirements and had a good understanding of their daily needs. People we spoke with who used the service indicated that staff had the correct skills and knowledge to support them effectively. One person said, "They do seem to know what they are doing." A second person said, "Oh yes, they are great."

We asked people using the service if they felt they were supported appropriately with their nutritional requirements. People told us staff always prepared meals and hot drinks for them if required. Comments included, "I do definitely. I choose what I want and they will sort it for me" and "Oh yes I always have a nice meal when they come." Staff said, "If I am supporting people to eat I will ask if they want meat, fish or a cold sandwich depending what is in their fridge at the time." Another member of staff commented, "Ask people what they would like to wear or what they would want for their dinner. Let people choose rather than making the decision for them."

During the inspection we looked at 24 care plans for people who used the service. We saw people had care plans in place with regards to nutrition and skin integrity but did not always contain adequate information for care staff to refer to. We found the care plans were lacking in guidance for staff to follow about how people needed to be care for. For example, one person's nutritional care plan referred to staff needing to supervise them taking their medication.

Whilst looking at one other person's care plan, we noted their nutritional information stated they had suffered between two and three stones of weight loss around the time of being admitted to the service. This had also been detailed on the social services assessment form. The care plan referred to the fact that staff needed to monitor this person's weight, however there were no records to confirm this had been undertaken by staff at that time. The manager told us this persons weight was currently 'Stable' and did not deem them to be at risk, however, the care plan had not been updated to reflect this and was last done in January 2016. We saw another person's care plan which indicated a high risk of malnutrition, however, there were no further assessments or observation tools to monitor the risk of this person.

Information about people's dietary preferences and nutritional risks associated with their nutritional needs were not always reviewed, updated and monitored in people's care plans. This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had developed an induction programme to train and support its new staff. This included the completion of an induction checklist for new staff which looked at areas such as policies and risk assessments. Staff told us they received an induction when they first started working at the service which gave them a good introduction to working in a care environment. One member of staff said, "When I started I met the manager and did an induction. We received training in moving and handling, medication, safeguarding, food hygiene and infection control. It prepared me well for the role." Another member of staff

said, "I did an induction. It covered areas such as medication and moving and handling. It gave me good start into working for the company and I feel as if it was sufficient." A third member of staff added, "An induction was provided. The induction covered moving and handling, medication, safeguarding, infection control and health and safety were all provided. It gave me everything I needed and no concerns with the induction."

The staff we spoke with said they received sufficient training to help them undertake their role effectively, although some staff reported additional training would be beneficial. One member of staff said, "I feel like we get enough training to do the job but I have never done first aid training. I think more training in moving and handling would be beneficial but I forget when the last one was." Another member of staff said, "Since I started with Comfort Call I have done Health and Safety, Moving and handling, Medication and Safeguarding. There is enough training available to do the job and I have no concerns with training." A third member of staff added, "The training is brilliant now. In the past 12 months I've had medication training, moving and handling, safeguarding and first aid. There is enough training available and it has improved in the past 12 months. They always send leaflets and booklets out to read as well to keep us up to date."

Staff had access to regular supervision and appraisal as part of their on-going development. One member of staff said, "We do have supervision and I had my last one in November 2016. They are useful sessions for us to discuss our work." Another member of staff said; "We have both supervision and appraisal. Any positive feedback from clients is shared with us then as well. I feel they are beneficial and they talk with us about career progression." Another member of staff added, "I had supervision a few weeks ago. We discussed work, concerns and how things are going. They are useful and I do find them beneficial." The staff files we looked at confirmed staff were in receipt of supervision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The feedback we received from staff about their understanding of MCA and DoLS was mixed. Whilst staff said they received training in relation to MCA, we were told DoLS training was not provided. One member of staff said, "I've done MCA training but not done DoLS. I don't understand DoLS due to not having the proper training yet." Another member of staff said, "I've done training in this area. I feel a DoLS is required if a person lacks capacity and can't make choices and decisions. I would contact the office with concerns."

Staff were also able to describe how they aimed to seek people's consent when delivering care. A member of staff said, "We ask people if it is what they would like and check it is what people want such as if they want a bath or a shower. If a person was refusing I would try again at another time. If they were refusing I would speak to the office but I would try and persuade them myself." Another member of staff said, "I would always ask people. For instance if I was assisting with showering or getting dressed I would check it okay rather than just diving straight in." A third member of staff added, "I would ask people if they would like taking to the toilet or if it's okay to prepare some lunch and listen to what people want to do."

Is the service caring?

Our findings

People we spoke with told us that staff were caring and polite. Comments included, "I couldn't have a better team of girls" and "Oh yes, no problems with this. My carer is a nice woman." A third person commented, "I am very satisfied with them. No need to worry about what they are like. They are very good." However one person did say, "Oh, they are, one or two not as good as the others, but no real problems."

Staff were able to describe how they aimed to treat people with dignity and respect when delivering care, telling us it was extremely important. One member of staff said, "I always knock on the door and shout 'Morning' when I come in. I let people have privacy during personal care and if I do assist, cover them with a towel. I treat people how I like to be treated." Another member of staff said, "If I am assisting with a shower I will make sure the door is closed and people are covered with a towel where needed. I would also close the curtain during personal care." A third member of staff said, "If I was giving someone a shower I would close the curtains and make sure people are covered up appropriately. I treat my clients as I would my own grandparents, with respect." People we spoke with confirmed they were treated well. One person said, "They certainly do, they are very nice."

Staff were also clear about how to promote people's independence when assisting them with their care. A member of staff commented, "I visit one person who struggles to walk, but I am currently encouraging him to walk rather than offering a wheel chair to promote independence." Another member of staff said, "I encourage people as much as possible such as letting people brush their own hair or putting their own clothes on." A third member of staff commented, "If I am getting a person undressed or into bed I will let people have a go themselves. One lady can put their own socks on so I let her." People we spoke with confirmed staff promoted their independence. Comments included, "I do a lot for myself, but the staff know what I need help with." A second person said, "I don't need a lot of support, but I am happy with what I get."

We asked staff how they offered people choice about the care they received and about their day. One member of staff said; "I always say what colour clothes would you like to wear or give a choice of a cardigan or jumper. I will let people choose rather than it being what I want."

Care staff we spoke with talked respectfully about the people they supported. They had a good understanding of their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices.

Is the service responsive?

Our findings

People told us they felt their needs were met during the care visits. People were happy with staff and felt they supported them well.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at 24 people's care files some of which contained social work pre assessments. The service had a policy in place which covered the services expectations relating to pre assessments and care assessments. It stated, "Care plans will be suitable and sufficient and devised with the full involvement and agreement of the service user and anyone else they want involved." However the information in the care plans even when they had been updated/ reviewed in some cases did not match the calls that were being delivered. For example, on discussion with a member of staff responsible for undertaking the reviews said in one particular case they had obtained most of the information about the person from the warden. They had not attempted to make any checks to verify this with a reliable source. In addition to this they added that they had not updated the care plan with any of the information they had found because this information had been found out after the care plan had been written.

Although each person had an individual care plan, we found in most cases information was not sufficiently detailed about their likes, dislikes, preferences and routines to help ensure the person received personalised care and support in a way they both wanted and needed. We found some care plans did capture limited information about people's family, employment and retirement years, but were lacking in information about people's likes, dislikes and personal preferences. This would make it difficult for staff to have appropriate guidance to follow due to not having the information available to refer to. For example we noted one person was receiving a significantly shorter call time than what was allocated. We spoke with the registered manager about this who informed this person would not, "Tolerate" staff in their house for any length of time, however, there was no mention of this in the person's care plan and when looking at the person's daily communication sheets staff were recording comments such as, "Had a nice chat" and "Chatted and left safe."

There was also lack of guidance and information for staff to follow if people scored highly on their skin integrity risk assessment. For example, there was no reference to any equipment people may require such as pressure relieving cushions or mattresses, or when to seek advice from other services such as the district nursing team.

We spoke with care staff about the lack of information and guidance detailed in people's care plans. They told us most people can articulate their needs and in most cases care staff told us they knew the needs of the person by being familiar with them. This meant any new carer's would not be able to seek the relevant information from the care file. This lack of detail in people's care files reduced the carer's ability to carry out care and support in line the person's individual need. When we asked people if they had been involved in their initial assessments and on-going reviews of their care files they replied either, "No," or "I can't remember." In addition to this care files did not have detail around the person's allocated visit timeslot. This

meant people using the service did not know what their agreed time frame was. We also found examples where the records had not been reviewed in a timely way in response to risk or new information and did not reflect the changes to people's care and support needs.

The service had failed to ensure that suitable arrangements were in place for planning and reviewing people's care and support, in a way that met their individual needs and preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to seek feedback from people who used the service. This included sending a satisfaction survey which was last sent in May 2016. This asked people for their views of feeling involved in their care, if confidentiality was respected, if people felt treated with dignity and respect, if staff were competent, if independence was promoted, if people trusted the care workers and if people were told which member of staff would be arriving to provide their care. When the response had been returned, any areas of negative feedback were then added to an action plan. This included holding staff supervision, issues to be discussed at team meetings or further quality assurance checks being carried out at people's house. We noted some of the responses had not been added to the action plan. For example, 17% of people said they were 'Very unhappy' with staff in the office, 23% of people stated they did not know how to complain if they were unhappy and 10% of people also stated they were 'Very dissatisfied' with the overall quality of service. This meant we were unable to see how these issues had been responded to.

The service had failed to act on negative feedback which had been collated by means of questionnaires this was a breach of Regulation 17(2)(e) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

There was a system in place to handle and respond to complaints which was in date and reviewed as necessary. We saw the service had an appropriate policy and procedure in place, informing them of the steps they could take if they were unhappy with the service they received. The registered manager also told us people were given this information when they first started using the service. The service maintained an overall complaints register and we viewed this during the inspection. This provided an overview about the detail of the complaint, investigation procedures, the outcome and any follow up work needed. An overall analysis was also undertaken to monitor any trends or re-occurring issues.

The service maintained a record of many compliments which people and their relatives had made about the care provided by the service. We looked at a sample of these, with some of the compliments including, 'I would like to take this opportunity to thank you for the fantastic service you have been providing for our mother' and 'Thank you so much for all of the kindness you have given to me over the last six weeks since I came out of hospital following my operation' and 'To all of the ladies and gentlemen at Comfort Call, thank you for the all the support during my recovery' and 'To all of the lovely staff, many thanks for all of your help in getting me well again'.

We looked at what activities people had available to them, which were mainly undertaken within the Extra Care service. The activities available to people included gardening, film days, bingo, healthy hips, knitting sessions, quizzes, days of relaxation and a day where everybody met to chat and have a bacon sandwich. A monthly newsletter was also sent to people who used the service informing them of events such as upcoming activities, birthdays and dates for their diary to remember. The service had also scheduled 'Dementia friend' days at the Extra Care scheme for January 2017. These sessions enable people to learn more about what it's like to live with dementia.

Is the service well-led?

Our findings

We asked people using the service if they knew who the managers were and had they ever met them. Each person replied, "No." We asked people if they were happy with how the service is run. One person said, "I'm very, very satisfied with them. No need to worry about what they are like, they are very good actually." A second person said, "No worries or complaints I am happy with the service received."

There was a registered manager in post. 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.

Staff told us the leadership and management at the service was good. Staff reported feeling being able to approach the registered manager, report concerns and also felt supported to undertake their roles to the best of their ability. One member of staff said, "The manager is brilliant and I really like her. I feel there has been a turnaround in the last 12 months and it is down to the manager. I feel I can approach her with concerns if I am not happy. I can go into the office and have a chat as well." Another member of staff said, "I've had no problems personally. If I have ever had any issues I have always gone to the office and it has been sorted out." A third member of staff commented, "The manager has always been alright with me. I feel they are approachable and I could contact them with any concerns. They will listen to you also."

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. The service had failed to implement systems to assess, monitor and improve the quality of the service. Following this inspection we took action against the service to make the required improvements.

At this inspection we found some improvements had been made to implement systems to monitor and improve the service by introducing an electronic rota monitoring system. However further work was required to meet the requirements of this regulation.

The service had introduced a 'Roadrunner system.' This system allows electronic rotas and call monitoring to be used via a hand held mobile device. This gives a clearer picture of call times/ length of stays and allows rotas to be updated in real time, meaning care staff can receive live updates to their hand devices which will provide detail around added call or amendments to their rota. However, when looking at staff rotas and people's expected call time and actual call time as referred to in the safe section of this report there are significant time differences. Staff also report that at times extra home calls can be added to the road runners, however, if this amendment is not followed up by a telephone call from the office to inform staff of the changes then visits can easily be missed.

We also found that multiple calls were still being allocated to the same member of staff as referred to in the safe section of this report. This was an issue which was identified in the previous inspection.

The service had an internal quality assurance system which covered areas such as when care plans and risk assessments were due to expire, when written consent forms were due to expire and when service user contracts needed to be updated. This system only 'Flagged up' when documentation needed to be updated as opposed to detailing which areas were looked at as part of the audit. The registered manager told us the care plans were reviewed every 12 months, but that no other quality assurance checks were done during the year to make sure information was current and accurate. This was also confirmed by the regional manager who was also present at time of inspection. We concluded the audits were ineffective given our concerns in relation to medication, call times, care plans and a lack of person centred information being captured for each person for staff to refer to.

We wrote to the registered manager following the inspection to request further information to clarify some of our findings of the inspection. We asked the registered manager to provide us with further detail around care plan reviews, pre assessments, planned call times, call record analysis relating to length of call, late and missed calls and travel time allowances. In addition to this we asked the registered manager to provide us with a selection of policies relating to the areas of concern we found on inspection. The registered manager provided us with the information we requested within the time frame agreed. We noted that although the provider had stated in this response that it had systems to monitor and analyse the compliance of the service and that this analysis showed positive development in some areas it still recognises that there are still on-going areas of improvement. These areas had also been identified at the previous inspection and following this the Commission requested that the service prioritise these actions. Although at this inspection the provider had made some improvement to their systems and processes, we found that these improvements had not progressed in the time frame that we would have expected.

Whilst positive changes were being made further work was required to ensure that suitable systems or processes were in place, to ensure the service was operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us they enjoyed working at the service and that there was a good culture amongst staff. One member of staff said, "Things are okay for me. I think the staff work well together and we get along well as far as I am concerned." Another member of staff said, "Everything is okay from my point of view. I enjoy my job and from what I have seen there is a positive culture with everybody working well together." A third member of staff also commented, "They are good to work for now. I didn't like it this time last year. They have picked up and calls are back on track now. I think everyone gets on well and if you have a problem it gets sorted. It's looking good from my point of view."

The service carried out individual quality assurance checks at people's houses and also telephone interviews to seek feedback about the service. This included seeking information about care staff, management of the service, the overall quality of the service provided, if staff arrived as expected, if they would change anything about the care staff and their opinion of late/missed calls. There was also an action plan section to record any shortfalls which were identified.

The service had systems in place to monitor the work of staff when they were out delivering care in the form of spot checks and observations. These would be done at a person's house in the community. We looked at a sample of eight records during the inspection and saw they provided a focus on staff arriving on time, using the call monitoring system correctly, staying for the full length of the visit and also working within their professional boundaries. Some of the other areas taken into account included record keeping, medication, health and safety and completing care tasks correctly. This system provided the opportunity for management to see how staff worked and offer advice where needed.

The staff we spoke with confirmed that spot checks and observations took place consistently. One member of staff said, "They do spot checks. I think they are good because it makes sure the staff are following best practice." Another member of staff said, "They definitely do spot checks on us. They go through the care plans and check that the information in the MAR charts is being done correctly. They are good learning opportunities definitely." A third member of staff said, "They just turn up at the house and see what you do. They check we are doing everything we should and also seek feedback from the service user. I think they are good systems because it ensures staff are not taking liberties such as not wearing PPE equipment."

We looked at the minutes from recent staff meetings which had taken place. This presented the opportunity for staff to discuss their work in an open setting, raise concerns and make suggestions about how the service could be improved. We looked at a sample of these meeting minutes and saw they provided a focus on information sharing within the organisation, call timings, record keeping, completion of MAR charts, medication errors, lone working, health and safety, and safeguarding. A member of staff said to us, "We do have staff meetings every few months. I find them handy and its good opportunity to see other staff we don't see on a regular basis to discuss different clients." Another member of staff said, "Team meetings are good because we can discuss things such as how things are progressing with clients and their well-being."

There were a range of different policies and procedures in place. These covered areas such as training and development, safeguarding, medication, moving and handling, lone working, complaints, confidentiality, infection control, accidents and incidents and managing challenging behaviour. These were up to date and reviewed within the last 12 months. This meant staff had access to information if they needed to seek advice or guidance in certain areas.