Comfort Call Limited

Comfort Call - Meadowfield House

Inspection report

Meadowfield House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

Comfort Call Meadowfield House is a domiciliary care service which provides personal care to people living in their own homes in Thornaby. At the time of the inspection 43 people were using the service. 41 people using the service lived in an Extra Care housing complex operated by another agency at Meadowfield House. Meadowfield House was also the location of the service's office. Two people who used the service lived at home in the wider community.

The service had a registered manager. 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.

People felt safe using the service. Risks to them were assessed and care plans were designed to minimise them. Staff understood safeguarding issues and were alert to the possible types of abuse that can occur. Procedures were in place to deal with safeguarding issues.

Policies and procedures in place to ensure that medicines were handled safely.

Staffing levels were sufficient to allow people to be regularly supported by the same carers. The service's recruitment procedures minimised the risk of unsuitable staff being employed.

Staff received training in a wide range of areas, and felt confident to request any additional training the needed to support people effectively.

Staff received regular supervisions and appraisals, and felt they could raise issues or support needs at any time.

People were supported to access external professionals to maintain their health and wellbeing.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

People said staff were respectful, treated them with dignity and encouraged them to maintain their independence. People also said staff were kind, friendly and helpful when delivering support.

Care plans were detailed and reflected people's individual needs and preferences. People were involved in

planning their own care, and knew how to request changes if they wanted them.

Staff regularly consulted care plans and daily notes to ensure they were aware of people's current needs and preferences.

There was a clear policy in place to deal with complaints, and this had been applied when issues had arisen.

Staff described the service as friendly and the registered manager as supportive.

Feedback from people and staff was regularly sought and used to maintain and improve standards.

The registered manager and staff understood their roles and responsibilities and the registered manager could describe the notifications they would make to the Commission.

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.

Risks to people were assessed and plans were in place to minimise them.

People were supported by staff who had been appropriately recruited and inducted.

People were supported to access and administer their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training to ensure that they could support people effectively, and felt they could request additional training if needed.

Staff understood and applied the principles of the Mental Capacity Act and consent when supporting people in their own homes.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good

The service was caring.

People said that staff treated them with respect and promoted their independence.

People spoke highly of staff and said they were caring and kind.

The service would assist people with advocacy services if needed.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and person-centred. People's preferences and needs were reflected in the support they received.

Regular reviews of care took place to make sure care was appropriate.

The service had a clear complaints policy that was applied when issues arose. People felt they could raise issues with the service.

Is the service well-led?

Good

The service was well-led.

Feedback was sought from people and staff in order to monitor and improve standards.

The registered manager used quality assurance audits to monitor and improve standards.

The registered manager understood their responsibilities in making notifications to the Commission.

Comfort Call - Meadowfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

The inspection team consisted of one adult social care inspector and one specialist professional advisor. A specialist professional advisor is someone who has a specialism in the service being inspected, such as a nurse.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities and clinical commissioning group, and the local authority safeguarding team to gain their views of the service provided by Comfort Call Meadowfield House.

During the inspection we spoke with six people who used the service, four of whom we visited at home with

their permission. We looked at six care plans, Medicine Administration Records (MARs) and handover records. We spoke with five members of staff, including the registered manager, deputy manager, senior carers and carers. We looked at three staff files, which included recruitment records, as well as records which related to the day to day running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel safe with the carers." Another said, "Without a doubt I feel safe around carers. Without a doubt."

Risks to people were assessed and care plans were in place to minimise them. Risk assessments took place in areas including, nutrition, skin integrity, medication, mobility and falls and environmental risk. The assessments were detailed and specific to each person, and reviewed annually (or sooner if changes occurred) to ensure they captured current risks.

Accidents and incidents were monitored to see if any steps could be taken to minimise the risk of them occurring. Sixteen accidents were recorded in 2016 up to the time of our inspection, and where they occurred investigations had been carried out. Outcomes were recorded and remedial action was taken. For example, in response to one person suffering a fall a referral was made to the local falls team to see if further support was needed.

The service supported some people with managing their prescribed medicines. Staff had access to a medicines policy, which provided detailed guidance on medicines management. People using the service had varying medicine support needs and explanations of each of these was given in the policy. The deputy manager explained that people's capacity to manage their medicines was assessed before their care began, and care plans were produced to reflect the level of support needed.

People's medicines were delivered to their own homes, but where the service assisted in administration it kept medicine administration records (MARs) to record this. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We looked at five people's MARs, and noted that there were some gaps in the recording on two of them. We asked the deputy manager about this, and they said they would investigate it with the individual staff members involved. The registered manager said that staff would be reminded of the medicines policy and training updates arranged for the staff involved. We saw that two people were supported with applying topical creams, and staff had appropriately completed people's care records.

Procedures were in place to investigate and minimise the risk of safeguarding incidents. There was a safeguarding policy in place, and staff told us they were familiar with it. The policy described the types of abuse that could occur, descriptions to help staff identify them and guidance on the procedure to be followed when reporting concerns. Where incidents had been reported, records confirmed that they had been investigated and any necessary remedial action taken. Staff said they would be confident to report any concerns that they had. One told us about the types of possible abuse that could arise, then said, "If I had any concerns I would report it to the senior carer and then the manager. If I wasn't happy with the response I would go straight to [the local authority safeguarding department]." Another staff member said, "If I had any concerns I would speak to management. I could also ring [the local authority safeguarding department], and I would."

The service did not use any tools to assess the staffing levels needed to support people safely, but the registered manager said they continually monitored staffing levels. The service operated a shift system, with six care staff deployed between 7am to 3pm, four between 3pm to 10pm and two between 10pm and 7am. Most of the people using the service lived in the Extra Care housing complex at Meadowfield House, and we were told that those who didn't lived within a couple of minutes' walk from it. The registered manager said this allowed staff to support each other and to quickly respond to calls. We asked the registered manager how absences through sickness or holiday were covered. They said, "We don't have bank staff. If I needed cover I would just contact other branches [operated by the registered provider in the local area]. It's very rare that I ever have to though as the staff are very good at covering the rota." The registered manager also said there was a low turnover of staff. Staff said there were enough staff to support people. One staff member said, "I think we have enough staff…we all work together as a team. We all cover sickness and holidays and all muck in." Another staff member said, "We have enough staff. We're never rushed." People told us they were supported by a regular team of carers. One said, "They have a rota of who is on that day, with five or six different ones but I know them." Another said, "We get different carers but it's always someone I know."

The service's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were asked to complete an application form setting out their employment history and any care experience they had. Before applicants were offered jobs, written references were sought and disclosure and barring service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. One member of staff told us about their recruitment process, saying, "It was very strict. They did the DBS and checked my references. I remember the interview. It was pleasant but also formal and serious about the job." This reduced the risk of people being cared for by unsuitable staff.

There was no written business contingency plan in place, but the registered manager told us that arrangements were in place to provide a continuity of care in emergency situations. They said, "If there were problems, we would use [other services operated by the provider in the local area]." The service was not responsible for people's properties as these were managed by the Extra Care Housing agency or by people themselves. However, the service was in regular communication with the Extra Care Agency to ensure that staff were aware of people's emergency evacuation needs.

Staff had access to personal protective equipment (PPE) such as gloves and aprons to assist with infection control. We saw that stocks of these were easily accessible, and that staff collected them before supporting people.

Good

Is the service effective?

Our findings

Staff received mandatory training in health and safety, food hygiene, infection control, first aid, medication, moving and handling and safeguarding. Mandatory training is training that the provider thinks is necessary to support people safely. Refresher training was given in these areas every one to two years. Staff also received additional training in areas such as nutrition and healthy eating, catheter care, continence care, diabetes, dignity and respect, equal opportunities, end of life care, dementia care and stroke care. The registered manager monitored staff training electronically, on the provider's 'Branch Reporting System' (BRS). This showed that all staff had completed mandatory training, and that most staff had also completed the additional training. The registered provider was implementing a new training system, which involved staff knowledge being assessed through the completion of a workbook which was retained on file. The workbook also contained a certificate to show the staff member had completed training, which was signed when they had. Staff files contained examples of these workbooks and of staff training certificates.
New staff were required to complete induction training before supporting people. This involved completion of a training booklet which tested staff knowledge of policies and procedures and required them to describe the skills needed in various care situations. We were told that staff could not support people until they had successfully completed induction training.

Staff said they received the training they needed to support people effectively. One said, "I thought the training was quite good, very thorough. It is arranged by [the registered manager] and we get booked in for it. We get paid to do refresher training. If we need an extra training we only need to ask." People said they thought staff had the skills and training they needed to support them. One person said, "They're very good at [caring for me]. They know what they're doing." Another said, "They're capable and know what to do."

Supervisions and appraisals were regularly carried out to monitor and support staff performance. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records confirmed that staff were given the opportunity to raise issues at supervisions, and were asked about their support needs. As well as general supervisions, staff received themed supervisions on areas such as skin integrity and care records. These were used to assess staff knowledge in those areas and to see if they required any further training. In addition, spot checks of staff competencies were undertaken by the registered manager and senior carers. During appraisals, records showed that a more detailed discussion took place and staff were asked about their 'personal development plans' for the year. For example, one member of staff stated they were working towards their NVQ in social care in 2016. Staff said they felt supported in supervisions and appraisals. One said, "We get annual appraisals and supervisions around every 8 weeks. [The registered manager] loves doing things like that…With supervisions, we get a questionnaire to fill in and discuss relevant issues. I think it's good as it's very thorough."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. No one using the service was subject to any Lasting Power of Attorney or Court of Protection orders. Some people were living with dementia, but they retained capacity to make decisions about the care they received. Care plans recorded whether a capacity assessment was required, but no one who used the service had received one. People were able to make their own decisions about their care and support, and staff were not required to make best interest decisions on their behalf. The registered manager said if staff thought there was an issue with a person's capacity they would arrange a mental capacity assessment. Staff had a working knowledge of the principles of the MCA. One said, "I've done training on the MCA. You never make assumptions on capacity based upon what people look like or how they act. You have to read the care plan for information on [people's capacity]." Another said, "Some people can decide, some can't. But you always have to give people a choice."

Some people received support with their meals as part of their care package. Where this was the case, people said that they were given choice over what they ate. People living in the Extra Care housing complex had access to a restaurant operated by housing agency, and we saw staff from the service supporting people to access this. The registered manager told us that no one at the service was subject to a specialist diets such as soft foods, though some people were diabetic. The registered manager said no one using the service was subject to weekly weights or under the care of a nutritionist.

People were supported to access external professionals to maintain their health and wellbeing. Care records contained information on the involvement of professionals such as GPs, nurses and social workers. One person we spoke with said they were being visited by the falls team later that day, and that the service had helped to arrange the appointment. This meant that people received support to access community professionals.

Good

Is the service caring?

Our findings

People said that staff respected their dignity and delivered support in a respectful way. One said, "The carers are very good with dignity and respect. They always ask for permission [when delivering care]. They won't just do things." Another said, "The carers are very kind and respectful." Another person said, "Staff always knock and shout who they are."

Staff told us how they helped to maintain people's privacy and dignity. One said, "You don't let people sit without being covered up with a towel or dressing gown [if helping with bathing], you cover as soon as people are out. Close blinds and doors and don't talk to other staff about what has been going on." Another said, "You always close doors and cloth people or cover them. It's the same with confidentiality. I don't share anything, but if I thought it was something I needed to disclose I would go to [the registered manager]. We're going into their homes so have to respect that."

People said that staff were kind, friendly and helpful when delivering support. One said, "Staff are very kind and couldn't do enough for you. They always ask me if there is anything I need doing. The staff are smashing, they really are." Another person said, "The staff are marvellous people. I'd just like to say they're marvellous. They're great. There's nothing they won't do for you, such as run out to the fish shop for you or even put a bet on for you. They're always professional, though." A third person praised staff and said, "I have no faults at all with them." Another person said, "I think it's marvellous and [the carers] are really lovely…everyone has been very kind…they're patient and kind. I'm very highly satisfied with [the carers]. They're very kind and patient and have been a great help to me." Another said, "I've got a carer at the moment, who is very kind."
People felt involved in their own care and listened to, and said that staff helped them to maintain their independence. One person said that staff knew what they liked to do for themselves and encouraged them to do this whilst also being available to help if the person wanted it. They said, "They always ask if I need anything doing, even if it just to help with things I can do myself." Another person said, "If I can do things [myself] they let you do it." A third person said, "I'm pretty capable of doing things for myself and they always let you do that."

Staff told us that they enjoyed talking with the people they supported and getting to know them, and thought this helped them to deliver better care. One said, "I like to sit and chat to get to know people. They tell you their life stories, and because Thornaby is small everyone knows somebody somehow."

Fourteen compliments from people and their relatives had been recorded since May 2015. One person was recorded as saying '[Person] called into the office to say how pleased [they] are with staff…all staff have been wonderful and it brings tears to their eyes.' Another person said, 'I feel safe...thank you.' A relative was recorded as saying, 'I would like to thank all carers and staff [at the service]…without their help I don't know what the family would have done.'

At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The service user guide given to people when they started using

the service contained information on advocacy services, and the registered manager explained that this could be arranged for people who wished to have one. They said that an advocate had previously been arranged for a person who needed support with a specific issue, and the registered manager knew how to arrange one again should they be needed. No one at the service was receiving End of Life care.

Good

Is the service responsive?

Our findings

People said they were involved in planning their care, and that it reflected their needs and preferences. One said. "I was involved in putting the care plan together…if I wanted to vary it they would change it." Another said, "[Before the care started] I had a discussion with [the registered manager] and staff about what I wanted, the medication I took, things like that." Another person said, "Carers know me and how I like things doing."

Care plans were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Each plan began with a detailed 'about me and my life' section, which provided an overview of the person's life history, including their interests and hobbies. This contained information about the person that would be useful for staff who had not previously met them. For example, one person's care plan said, 'I have a lot of happy memories that I like to share with people.'

This was followed by a detailed assessment of need and plan of support in areas including communication, memory, mood, concentration, sleep, making decisions and consent, personal beliefs and social activities. Care plans contained detailed information on how to provide personal care to the person, for example how many people were needed to assist them with mobility and any equipment that was used. For example, one person's plan stated, 'I would like a carer to call around 9am…the carer can gain entry by knocking…and calling out so I know you are there' and then contained detailed instructions on how the person would like to be supported. Another person's care plan specified a particular lotion that they liked to use in the bath on certain days.
Care plans were reviewed every three months. A senior carer visited people and reviewed their care plans with them. Records confirmed that these reviews were taking place.

Daily records were kept of the care delivered, which staff said allowed them to monitor any changes in people's needs. Each entry we reviewed in the daily records was dated and timed, and signed by the member of staff involved. One person said, "[Staff] look in the book to see if there are any changes since they have last been. They know what I need help with."

The service helped people to organise social activities. People had formed a residents' committee to organise a wide variety of activities, including themed meal nights, parties, entertainers and day trips to local attractions. The service provided assisted to the committee by helping to plan and host activities. The service also helped to fundraise to pay for activities. The registered manager and staff were committed to ensuring that people had access to activities that they enjoyed. From speaking with staff we could see that they attended events when they were not working to help raise funds. The registered manager said, "We organise activities and also have staff available every afternoon to do them. Some people don't want to get involved but there is always something going on, such as remembrance sessions, films, bingos, dominos and jigsaw. We do special events like pie and pea nights and race nights. On Armed Forces Day everyone got dressed up. We discuss what people want to do at meetings." People living outside of Meadowfield House were also invited to activities. One person said, "I am asked to go to activities at Meadowfield. I've been asked on several occasions and I don't feel left out."

The service had a complaints policy, and people were informed about this in the service user guide they received when their care package began. The policy set out what would constitute a complaint, and explained how it would be investigated. The service user guide also contained the contact details of the provider area manager and external bodies such as the local authority and the Care Quality Commission should people be dissatisfied with how the complaint was dealt with. Where complaints had been raised records confirmed that they were investigated and people were informed of the outcomes. The service maintained a complaints log, which allowed any trends or patterns in complaints to be monitored. This showed that there were two complaints in 2015 and one in 2016 up to the time of our inspection. People told us that they knew how to complain and would raise any issues that they had. One person said, "If I ever had an issue I'd just go straight to [the registered manager]."

Good

Is the service well-led?

Our findings

The service had a 'mission statement' that was displayed in the office area. This read, '[t]o provide flexible community-based care support of the highest standard that promotes independence, dignity and choice.' We asked staff about the culture and values of the service. One said, "It's a very friendly place, with good staff." Another said, "A lovely place. I can't fault the care. There's always room for improvement anywhere but it is a lovely place."

Staff said they felt supported in their role by the registered manager and deputy manager, and felt they could speak out of they had any issues. One said, "I think [the service] is managed very well. [The registered manager] makes sure everything is spot on. [The registered manager] does their job very well, and the deputy manager. It wouldn't be a problem to speak with [the registered manager] as they always have time for the carers." Another said, "Management are lovely, but professional and not soft if something is wrong. [The registered manager] and deputy are brilliant and always there if you need to speak to them." A third member of staff said, "I feel supported by management…management are nice." A person who used the service also praised the registered manager, saying, "If I ever had an issue I'd just go to [the registered manager]. [The registered manager] is wonderful and you can just sit and chat with them."

Records confirmed that staff meetings took place. These were held either to discuss general updates or to address specific topics such as medication and record keeping. The service also assisted in organising resident meetings, where activities were discussed.

The registered manager and provider carried out a number of quality assurance checks to monitor and improve the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager said, "We were reviewing care plans every three months, but I think people were getting sick of that so we're moving to every six months." Checks were also undertaken of risk assessments, medicines, environmental risk assessments and general record keeping and records confirmed that they were taking place.

People who used the service were also asked to complete a quality assurance questionnaire, either themselves or through the registered manager or a senior carer attending at their home for feedback. The registered manager said, "There's also a daily record book to log any changes and all staff on shift are aware of what is going on. If something is raised in a review we change it…and sign off on the back to say it has been done. We use the branch reporting system [the registered provider's computer information management system] to keep an eye on when things are due." The branch reporting system showed that quality assurance checks were up-to-date.

The provider also carried out an annual survey of people who used the service. This was sent out directly by the head office, and the results were collected there then sent to the registered manager to review. The most recent survey took place in May 2015, and 13 people responded. 12 people said they were either satisfied or very satisfied with the service, and one person said they were dissatisfied but did not state why. No specific

negative comments were received. The registered manager said that if specific issues were raised in the survey they would address them.

People told us they were asked for their feedback. One said, "Someone comes in and checks the care plan, and I think they're due to come in at the end of the year too." Another said, "I had a questionnaire just before Christmas to ask how things were going. They come here to ask me."

The registered manager and staff understood their roles and responsibilities. The registered manager was able to discuss the notifications they were required to make to the Commission.