Comfort Call Limited

Comfort Call Rotherham

Inspection report

Unit B7
Taylors Court, Parkgate
Rotherham
South Yorkshire
S62 6NU

Tel: 01709529661
Website: www.candchealthcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 10 August 2017, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was last inspected in November 2015, and was given an overall rating of "good." No breaches of regulations were identified at that inspection.

Comfort Call Rotherham provides personal care to people living in their own homes in the Rotherham Rotherham area. At the time of the inspection over 200 people were receiving care services from this location.

At the time of the inspection, the service did not have 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 and associated Regulations about how the service is run. There was a new manager in post who was about to begin the process of applying to register with CQC.

People using the service told us that staff had a caring approach, and praised the way staff upheld their dignity and treated them with respect. There was a comprehensive training programme in place which meant that staff were equipped with the knowledge and skills to meet people's needs.
There was an effective complaints system in place, and where complaints had been received the provider dealt with them appropriately, making alterations to the service as required.

The recruitment system was robust, meaning that only staff with the right skills and aptitude were employed by the provider. Staff performance was managed via a system of staff supervisions and appraisals.

The provider complied with the Mental Capacity Act, ensuring that people gave informed consent to their care or that appropriate procedures were followed where people lacked the mental capacity to give consent.

Where people were at risk of harm, there were risk assessments in place, however, at times these were generic and did not consider the specific risks that people were vulnerable to.

Staff told us they felt supported by managers, although many said that they did not feel their views were listened to.

There was a comprehensive audit and quality monitoring system in place, however, it did not always identify shortfalls in service delivery.

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 always safe.

There was a robust recruitment system which ensured that only suitable staff were appointed. Medicines were managed safely, and staff had received training in relation to recognising and acting upon suspected abuse.

Where people were at risk of harm, there were risk assessments in place, however, at times these were generic and did not consider the specific risks that people were vulnerable to.

Is the service effective?

Good

The service remained good

Is the service caring?

Good

The service remained good

Is the service responsive?

Good

The service remained good

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff told us they felt supported by managers, although many said that they did not feel their views were listened to.

There was a comprehensive audit and quality monitoring system in place, however, it did not always identify shortfalls in service delivery.

Comfort Call Rotherham

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.

The inspection included a visit to the agency's office which took place on 10 August 2017. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. We contacted one of the organisations who commissioned the service to seek their views about the service provided, and carried out a survey of people using the service, their relatives, and staff employed by the provider. During the inspection we spoke with members of the management team. Before the inspection, the 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.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People using the service told us they felt safe when receiving care from the provider. One person told us: "The service provided gives my main carer the confidence and peace of mind to go out and to know that I am safe. Comfort call act promptly identifying medical emergencies or ill health." Every person we surveyed, both people using the service and their relatives, told us they felt there was no risk of harm when receiving services from Comfort Call Rotherham.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at seven people's care plans and saw that each one included assessments relating to risks that the person may be subject to or may present. However, we found that these were generic and the same risks had been considered for each person. This meant that where there were specific risks that related only to that person, there was no risk assessment setting out how staff should ensure the person was cared for safely. For example, two people's files showed that they used bedrails. Bedrails are a method of reducing the risk of falls when someone is in bed. However, they can present risks such as entrapment of injury and their use should be carefully considered. In both cases there was no risk assessment relating to the use of this equipment. Another person's records showed that there had been incidents which potentially put staff at risk of harm. Again, there was no specific risk assessment for staff to follow when providing care to this person. We highlighted this to the management team on the day of the inspection

An environmental risk assessment had been completed for each person's home in order that staff could work safely in them. This risk assessment detailed information about any safety hazards or potential risks at the person's home, and also contained safety information such as the location of features in the house such as fuse boxes. This ensured that staff were able to address potential risks in the person's home that could have an impact on them carrying out their duties, or on the person themselves. Staff were provided with equipment, including gloves and aprons, to ensure that they could provide care safely, although two people's relatives told us they had not observed staff using this equipment. By contrast, everyone using the service that we contacted, and staff, told us that personal protective equipment was used.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff told us they were confident in recognising the signs of abuse and acting on suspicions. The provider's training records showed that staff had received training in relation to safeguarding vulnerable adults, as well as other areas relating to safety, such as food hygiene, moving and handling and infection control.

We looked at staff files to review whether staff were recruited in a safe way. We checked five staff files and saw they included relevant records for the recruitment of staff, including checks with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

There was a policy in place to guide staff in how to support people using medicines, including relation to recording and storing. We saw that records relating to medication were accurate and detailed, and the provider had a system in place of carrying out spot checks which included monitoring whether staff were handling, administering and recording medication appropriately. In addition to this, medication management and handling was discussed in staff supervision sessions, and staff had received training in the safe handling of medication.

Good

Is the service effective?

Our findings

People told us that staff from the service gave them the assistance they needed with their meals, with one saying: "The food they do for me is nice." However, another person told us they would like more assistance with meals. Each person's file we checked had information about their food preferences and tastes, as well as guidance for staff in relation to how people should be supported in relation to nutrition and hydration. We checked a sample of people's daily notes, where staff record the care provided at each visit, and saw that staff were providing food in accordance with people's assessed needs. We noted that in one person's case staff were failing to record their food intake, despite them being identified as at risk of malnutrition. We raised this with the management team on the day of the inspection.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which staff we contacted confirmed they had completed, included infection control, first aid, dignity and respect and dementia care amongst other, relevant training. Staff held, or were working towards, a nationally recognised qualification. The provider employed an in-house trainer, meaning that training was readily accessible and could be tailored to the needs of the service. We looked at records from recent training sessions and found that the training was focussed on the experiences of people using the service, using examples and considering the impact of poor care.

We looked at whether the provider was compliant with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and also checked that where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We saw policies and procedures in relation to the MCA were in place and up to date. Care records we checked showed that people's capacity to make decisions was considered by the provider, and this was recorded within the assessment and care planning process. In most cases people had completed forms giving their consent to receive care in the way set out in their care plans, although we did identify shortfalls in one person's records. We discussed this with the management team during the inspection and they confirmed that this would be addressed.

Good

Is the service caring?

Our findings

People using the service and their relatives mostly praised the service they received. One relative told us that they began using Comfort Call Rotherham when they became ill themselves and could no longer look after their relative. They told us: "I was temporarily unable to care for [my relative]. We dreaded the "invasion" of carers into our home. We could not have been more wrong, Comfort Call have been discreet, caring and supportive. The carers also have an appropriate sense of humour. Now I am recovered, we use Comfort Call to care for [my relative] if I am out. This gives me security and peace of mind."

Several people we contacted raised concerns about the consistency of care staff. For example, one person told us: "Until recently I have had at least one carer who regularly attended me. However, since one or two carers have left, the carers are numerous and I do not know who is coming each day." We discussed this feedback with members of the management team. They acknowledged that during the period when the previous manager left, and another key member of the management team had also left, the service when through a phase of disorganisation in relation to care visits. They had taken steps to address this, and we could see from care records that at the time of the inspection people were predominantly receiving care visits from a consistent team of care staff.

Every person we surveyed told us that they found care staff treated them with respect and dignity, and agreed with the statement that staff were caring and kind. Relatives we surveyed also agreed with this statement.

We looked at feedback that the provider had received from people using the service, and found that this was positive. One person said: "I don't know what I would do without them." Another said: "[staff member] is A1. He shows the new ones how to treat [my relative] with real kindness."

Staff told us that dignity and respect was important for them, and said that this was emphasised by the provider. Some staff told us, however, that they didn't get long enough within each care visit to meet people's needs. One said: "Dinner calls shouldn't be 15 minutes, it's difficult to satisfy service users" and several of the staff surveyed told us that their work schedule meant they could not always stay on care visits for the intended duration.

We looked at seven people's care records and checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan we looked at contained an assessment of people's needs which had been carried out when they began to use the service. This assessment was set out in sufficient detail for staff to understand what care was required. When staff completed a care visit they recorded details of the tasks undertaken in people's daily notes. We cross checked these with people's care assessments and found that staff were carrying out the support and care that the person had been assessed as needing.

Good

Is the service responsive?

Our findings

We checked seven care files, and saw they contained detailed information about the person's needs and preferences. They were reviewed to ensure that they met people's needs; where changes were required these were implemented so that the care provided was responsive to people's changing needs. There was information in the files we checked which told staff about people's individual preferences and their social and personal lives. This meant that staff had a better understanding of the person they were supporting, and could act in accordance with people's personal preferences.

People's care was frequently reviewed by senior staff within the organisation, who held meetings, wither face to face or by telephone, with people using the service and, where appropriate, their relatives, so that any changes could be incorporated into the way care was delivered in the future, ensuring that the provider responded to people's changing needs.

We asked people using the service, their relatives, and care staff, about the effectiveness of communication within the service. On the whole people told us communication was good. There was a very detailed service user guide, which set out what people could expect from the service, the standards that the provider adhered to and what action people could take if things went wrong. However, some people gave us examples of times when communication hadn't been good. One person's relative told us: "Would prefer more communication between usual carers and new ones - at least the usual ones are more in line with mum's needs and how to treat her." Some of the staff we contacted echoed this, with one saying: "We have lack of communication between us care workers and the care company. We don't get given the correct information at times."

We looked at records of complaints held by the provider. There had been a small number of formal complaints received within the 12 months preceding the inspection, although there were no particular themes arising. When a complaint had been received, the provider took appropriate steps to investigate and provide the complainant with a written response to their complaint, taking action to address any shortfalls or implement changes where required. There was a complaints policy which set out how complainants could make a complaint to the provider, and what timescales responses would be made in, as well as what action complainants could take if they were unhappy with the provider's response. When people's care was reviewed, either by means of a face to face meeting or by telephone, the staff member leading the review checked whether the person was happy with their care and whether there were any complaints or concerns. Most of the people we contacted, and their relatives, told us they knew how to make a complaint and were confident it would be addressed, although a small number of people told us they had made complaints which they didn't believe had been addressed, however they didn't give us any further information so we were not able to look into this.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had left their post a short time before the inspection and was going through the process of de-registering. A new manager had been appointed and they were in the process of applying to register with CQC. The manager was supported in their post by a regional manager, who was also present for the inspection. Both described the organisation as a supportive environment.

We asked staff whether they considered they were supported by the provider and whether they felt they received information when they needed it. All the staff we contacted told us they felt managers were approachable, and said they were confident to raise any concerns. However, the majority of staff who shared their views told us that they didn't think the provider asked for their feedback or suggestions in relation to the running of the service.

Managers within the service led on supervisions, team meetings and appraisals to ensure that staff were informed about developments within the organisation, as well as discuss improvements and any staff performance issues. Staff supervision records showed that topics discussed included staff training needs, staff performance and the needs of people using the service.

We looked at the systems in place for monitoring the quality of the service provided. We saw that there was an overarching quality assurance system which assessed and analysed a wide range of aspects of service delivery, including the quality of records and whether the service was meeting regulatory requirements. However, we saw that this had failed to identify shortfalls. For example, we found that there had been a small number of incidents that the provider was legally required to notify CQC about, but had not done so. We raised this with the management team on the day of the inspection and they subsequently completed and submitted the required notifications.

In addition to the overarching quality assurance system, the quality of service was checked at each quality review, where senior staff within the organisation met with people using the service and checked on their experience of receiving care and any required changes. However, we found that these were not always completed effectively. For example, one person's quality monitoring meeting, which had taken place a month before the inspection, recorded a high level of dissatisfaction. The notes accompanying this record stated that the person's care plan had been changed in response to this dissatisfaction, but the care plan had not been changed. Another person's quality monitoring had taken place frequently but it had failed to identify errors and omissions within their care plan. One person's care records showed that they were at high risk of malnutrition and that staff should ensure their food intake was recorded. Records showed that staff were rarely recording the person's food intake, but neither the quality monitoring system nor the care plan audit had identified this.