

Comfort Call Limited

# Comfort Call Gateshead

## Inspection report

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31 January 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Comfort Call Gateshead is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 137 people were receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People and relatives were happy with the service and the care people received. A new staff rota system had been implemented since the last inspection and most people and relatives reported they received care from consistent staff who mostly arrived on time and stayed for the correct duration. People and relatives told us they had raised concerns previously and these were acted upon and resolved. However, a small number still felt things raised weren't always acted upon. We have made a recommendation about this.

Lessons had been learned since our last inspection and improvements had been made. The provider learned from previous accidents and incidents to reduce future risks to people.

There were enough staff to meet people's needs and the provider was operating a continuous recruitment process to increase staffing levels further. Safe recruitment processes were followed. There were systems in place to keep people safe. Risks to people's health, safety and well-being were managed. Staff safeguarded people from abuse. Medicines were safely administered and managed. The provider and staff protected people from the risk or spread of infection.

Staff were kind and compassionate and supported people in a respectful, dignified manner. Staff encouraged people to maintain their independence where safe and possible to do so. Relatives supported people to make decisions around their care and support.

The provider had quality assurance process in place which included regular audits and spot checks. Most people and relatives were happy with the service and felt it was well-managed. Comments included, "I

would describe (staff) as kind and caring. For any major changes I am called. I know the full pool of people that come, and they support [family member] in the way that she prefers" and, "I wouldn't have recommended in the past but now things have improved, I would." The registered manager promoted an open and honest culture and was approachable. People and relatives were regularly consulted about the quality of the service through surveys and reviews.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 2020).

Why we inspected

We carried out a focused inspection of this service on 21 December 2020 looking at safe, caring and well-led. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 17 (Good governance).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

For the key question not inspected, we used the rating awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Comfort Call Gateshead on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Comfort Call Gateshead

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to request information about the service, people and relatives and to make sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 9 December 2022 and ended on 31 January 2023. We visited the office on 31 January 2023.

#### What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people and 15 relatives about their experience of the care provided. We spoke with the regional manager, the registered manager and the recruitment officer. We sent surveys to 20 staff members and received 3 responses.

We reviewed a range of records including 4 people's care records and medicines records. We looked at recruitment records for 3 members of staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure rotas were efficiently organised, so people received care when they needed it. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were enough staff deployed to meet people's needs. The provider implemented changes following the last inspection which resulted in a reduction in the size of the service and the areas this branch covered. The service was divided into different areas/clusters and staff were allocated to those.
- The provider had implemented a new electronic rota and care plan system which was a live system and alerted senior staff if calls were late. It also allowed for changes to be made to staff rotas, within agreed times of availability.
- People and relatives told us they received support from a consistent team of staff. Comments included, "We have the same carers generally and we know them all" and, "[Family member] is very safe. The girl that comes knows what he is like and they have a rapport. It's lovely. We have others at the weekend who come every fortnight, and they are lovely as well."
- People and relatives fed back that carers were mainly on time, although sometimes late calls could occur, there had been improvements. Comments included, "They arrive on time mostly and ring if they are going to be very late" and, "Generally they are on time. Things are much better now."
- The provider operated a continuous recruitment process to increase staffing levels and cover when sickness occurred. Staff were recruited in a safe way. The provider had effective recruitment and selection procedures in place which included all appropriate checks.

### Learning lessons when things go wrong

At our last inspection the provider had failed to robustly investigate incidents so that risks to people's safety were minimised. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers investigated individual incidents and accidents when these occurred. The registered manager said, "We monitor falls and take action such as liaising with the GP to check for any infections and revise care packages if needed. If someone suffers no more than three consecutive falls we will inform the occupational therapists and refer to the Falls Team, requesting assessments to look at ways to mitigate further risks."
- The registered manager maintained an accident and incident log which they used to monitor for any trends or required action.

- Co-ordinators and management monitored call duration and investigated reasons for calls taking either less or more time than allocated. Staff also completed feedback using the system to record reasons also. In some cases, this resulted in either a reduction or increase in people's care packages.

Assessing risk, safety monitoring and management;

- Staff assessed and managed risks to people's health, safety and wellbeing.
- Individual and environmental risk assessments were put in place and reviewed regularly, to support people to remain safe.
- The provider had procedures to ensure people continued to receive care in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from harm. People and their relatives felt the service was safe. Comments included, "I am very safe, I love to see them, I've had no falls recently" and, "They do a good job; they go twice a day. They are good with him. They chat with him and make him something to eat. He would struggle without them."
- Staff received regular safeguarding training and knew about the safeguarding and whistle blowing procedures. One staff member said, "I would feel very confident to raise a concern if needed but have not yet had to do this myself."
- Safeguarding concerns were reported to the local authority in a timely way and were appropriately actioned.

Using medicines safely

- Staff administered and managed people's medicines safely. People received their medicines when they were due. Comments from people and relatives included, "I get my medicines on time" and, "The carers give [family member] their medicines, always on time and never miss."
- Staff maintained accurate records to confirm what medicines they had given to people and when.
- Regular medicine checks and audits were carried out to ensure correct medicines management procedures had been followed, identify any errors and take appropriate action.

Preventing and controlling infection

- Staff protected people from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and wearing appropriate PPE when supporting people. A relative told us, "They (staff) wear PPE all the time. They put their apron and gloves on before they come in and put them in the bin when they go. They are good like that."
- The provider had systems in place to check that staff followed infection prevention and control guidance.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful, dignified manner. People told us, "They (staff) do everything. They are kind and caring and treat me with dignity and friendship. I look forward to them coming. They are kept busy but do things at my pace" and, "They (staff) help me bathe but always close the door. They look after me and let me take my time."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. People told us staff encouraged them to be independent where possible and supported them when required.
- People's personal information was stored electronically and kept secure on password protected devices that were only accessible to authorised staff.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and staff were kind and compassionate when supporting them. People told us, "I wouldn't have a bad word said against them. They do what I need and always ask if there is anything else I need doing" and, "They are kind and caring and very good at their job. They also take tuition well."
- Equality and diversity policies were in place to support staff in making sure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff were passionate about their roles and the people they supported. When asked what they enjoyed about their job, staff told us, "Having the opportunity to make a difference to service users' daily lives" and "Engaging with service users and building up relationships."

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

- People and their relatives were involved in making decisions about their care. Care plans detailed how staff should support people in line with their wishes. People told us, "I did my care plan with Comfort Call. They review it every three to four months and come in and chat about it with me" and, "My care plan has just been reviewed."
- Relatives were involved in people's care and advocated on behalf of people, when required.
- Care plans detailed people's choices and preferences in relation to their care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to promote a culture where people and staff views were encouraged and acted on. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- The service was well-managed. Most people and relatives were happy with the service provided. Comments included, "I have no complaints and no problems. The carers are friendly, kind and capable. Nothing needs improving and yes, I would recommend, they are fine" and, "I would recommend the service. I have been with them for a long time and have no cause to complain. I would describe the carers as excellent."
- Staff were supported in their roles with regular supervisions and appraisals and most felt that management were approachable. However, some staff didn't feel listened to when they did raise issues. Mixed views included, "I can make suggestions and raise issues, but I don't feel I get listened to or get much feedback from the co-ordinator" and, "I feel fully supported in my role as I can approach my manager if I am struggling with anything. I find them to be very approachable and I feel able to talk with them about any issues."
- We discussed these views with the registered manager who informed us that they were not always able to make changes suggested by staff but explained the reasons why, where possible, ensuring not to breach confidentiality. They informed they would remind staff to raise concerns directly with them if they felt they were not being listened to by their line management.

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

At our last inspection the provider had failed to learn lessons from previous feedback and improve people's care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Feedback from key stakeholders was used to improve the service. People and relatives told us they had raised issues or concerns with the registered manager and action was taken to improve the service they received. One person said, "They are approachable now. When I complained about the times, things improved and it's better now."
- Relatives gave examples of issues they raised with the provider that were resolved quickly.
- Surveys received from people and relatives over the last 12 months were very positive, with overall feedback being satisfied or very satisfied.
- A small number of people and relatives told us they felt communication could be improved with office staff. They fed back that they sometimes didn't receive calls back or information they requested. There were also a couple of examples when they had raised issues that they felt hadn't been resolved.
- The registered manager had recently introduced a communication book for office staff to use to document all telephone communication. This allowed the registered manager to see what calls have been received and what action had been taken. It also allowed other office staff to pick up any ongoing queries and action anything outstanding.

We recommend the provider further review practices when receiving and acting upon feedback received from all key stakeholders.

#### Continuous learning and improving care

At our last inspection the provider had failed to robustly investigate incidents so that risks to people's safety were minimised. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers investigated individual incidents and accidents when these occurred.
- Systems were in place to support the monitoring and investigating of any incidents, such as late calls or falls. Follow up action had been taken and measures put in place, where possible, to mitigate risk.
- Changes and improvements had been made since the last inspection as lessons had been learned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager and provider understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service.
- The registered manager and staff were clear about their roles and understood their responsibilities.
- Quality systems were in place to monitor service delivery and identify improvements.

#### Working in partnership with others

- The provider, management team and staff worked in partnership with other health professionals such as GPs, occupational therapists and the local authority to achieve positive outcomes for people.