

Comfort Call Limited

Comfort Call-Redcar

Inspection report

The Dunes
Low Farm Drive
Redcar
Cleveland
TS10 4FQ

Date of inspection visit:
14 January 2019

Date of publication:
21 March 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We inspected Comfort Call-Redcar on 14 January 2019. The inspection was announced, we gave the service short notice that we would be inspecting. Comfort Call-Redcar was newly registered in January 2018 to provide personal care for people living in their own homes. At the time of our visit, the service provided care to 168 people.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service provided care and support to people over four extra care housing schemes. These were The Dunes and Barnaby House in Redcar, Jubilee Court in Eston and St Germaine Grange in Marske. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

Medicines were managed safely. Staff competencies around administering medicines were regularly checked.

Personal protective equipment such as gloves and aprons and hand washing facilities were available.

There were sufficient numbers of staff available to meet people's needs. People told us staff were on time and spent the required amount of time with them. Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work. People were supported by a team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health care needs were monitored. Staff worked with health care professionals to support people

to be healthy and maintain their well-being. The service had suitable arrangements for assisting people with their dietary needs.

People and relatives told us all the staff were friendly, caring and helpful. They said staff treated them with dignity and respect. Staff reassured people and protected their privacy when supporting them with personal care.

Care plans detailed people's needs and preferences and were reviewed on a regular basis to make sure they contained up to date information. People had access to a range of activities. The service had a clear process for handling complaints. There was a complaints process in place for people and their families to use. People and relatives commented they felt able to make a complaint if they wanted to.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager, senior staff and the provider, to monitor and improve the quality of the service. Feedback was sought from people who used the service through surveys. This information was analysed and action plans produced when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

There were arrangements in place to ensure people received medicines in a safe way.

People told us the service they received was reliable and their care and support was provided by regular care staff.

Good recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

Is the service effective?

Good ●

The service was effective.

Staff were aware of their responsibilities to offer people choice and control over their day-to-day lives.

Staff had undertaken induction and training to ensure people's needs were met. Staff were provided with regular supervisions, appraisals and ongoing support.

People received support with their food and nutrition. The registered manager and staff worked with other healthcare professionals to support people.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity. Positive relationships had developed between people and staff.

People and their representatives were involved in decisions regarding the care.

Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good ●

The service was responsive.

Care plans were up to date and addressed people's individual needs and choices. Regular reviews of care took place.

People received a flexible service to ensure their needs were met.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

People received a reliable, well organised service and expressed satisfaction with the standard of their care.

Staff were supported by the registered manager and were able to have open and transparent discussions with them through supervision and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

Comfort Call-Redcar

Detailed findings

Background to this inspection

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

The inspection took place on 14 January 2019 and was announced. We gave short notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of two adult social care inspectors and an expert 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.

Before the inspection we reviewed the 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.

We contacted commissioners and other professionals who worked with the service to gain their views of the care provided by Comfort Call-Redcar.

The provider had 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 used this information to help plan for the inspection.

The registered manager sent us a list of people who used the service before our inspection. We spoke with people and relatives during our inspection and contacted people via the telephone. We spoke with 12 people who used the service and nine relatives. We looked at nine care plans, medicine records, four staff recruitment records, staff training records, and records associated with the provider's quality monitoring systems to see how the service operated.

During the inspection we spoke with the registered manager, the area manager, a co-ordinator, five senior care assistants and six care assistants.

Is the service safe?

Our findings

People and relatives told us the service they received was safe. Comments included, "I feel completely safe. I wear a pendant which I can press if need help or assistance", We know [person] feels safe. We [family] can tell how happy [person] is" and "I have carers on a morning to help me wash and dress and then every night they just pop in to see how I am and if I need anything. Its lovely to know there is someone there. They [staff] have never missed a call and are always on time, maybe a couple of minutes here or there which is nothing. My son said to me recently - we know you are safe and secure here, which is very true."

The provider had an open and accessible culture to help people to feel safe and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and the action they would take if they witnessed or suspected abuse. All staff demonstrated an understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns.

The provider and registered manager monitored staffing levels to ensure there were enough staff to support people safely. People said they were supported by a regular staff team who arrived on time and stayed for the full duration of their allocated call. Some people and relatives told us staff also popped into see people at other times. One relative told us, "Everything is going fine, in fact I would say over and above. The carers are always popping in. We [family] feel confident [person] is safe."

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at four staff recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues with staff conduct.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling, skin integrity and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe.

People received the support they needed to take their medicines as prescribed. People's care plans contained information about when these should be administered and people confirmed the appropriate support was provided. We looked at Medication Administration Records (MARs) which showed staff had administered and signed for these.

The provider had an infection control policy and procedures in place. Staff had access to protective equipment to reduce the risk of cross contamination and the spread of infection for example, protective gloves and aprons. Staff had received training in infection control.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Comments included, "All the carers seem to know what they are doing. They all do a good job, I am satisfied anyway", "The carers were very good, considerate and knowledgeable about how to handle anyone with failing sight" and "When I first came here I had terrible bed sores which no one could get rid of. Here they knew what to do and they have all cleared up now. I know that should I get them again the carers would be on top of it straight away. They are all very knowledgeable."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervisions useful and supportive.

Newly appointed staff completed the Care Certificate induction programme. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The induction also included a period of probation, shadowing experienced staff and supervision, during which performance and competence was monitored. We looked at training records which showed staff had received the training they needed. This included training in moving and handling, safeguarding, first aid and health and safety

There were arrangements for monitoring the healthcare needs of people. Care records of people contained important information regarding their background, mental health, medical conditions and guidance on assisting people to maintain their wellbeing. Records confirmed staff worked in partnership with other health and social care professionals to support people to maintain their well-being and health.

Some people received support with their food and nutrition. Where this was the case people's needs and preferences were recorded in their care records. People told us staff helped prepare the food and drink they wanted. One person told us, I have meals ready to be microwaved and the carers ensure these are heated through for me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where people lack mental capacity to make decisions, any decisions made must be in their best interests and in the least restrictive way possible. The registered manager and staff understood the Mental Capacity Act and had received training in this area.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings any restrictions placed on people need to be authorised by the Court of Protection (CoP). Comfort Call-Redcar did not support anyone subject to an authorisation by the CoP. Staff were aware of their responsibilities to offer people choice and control over their day-to-day lives.

Is the service caring?

Our findings

People told us that they were well treated and care workers listened to them. Comments included, "The carers who come into my flat are good and I have made friends with them all, they are lovely. The manager is also very good and checks on me daily at the moment as I haven't been too well", "The care staff are great and pop in regularly see if [person] wants a cuppa. We are very happy with the care they show, even the handy man is great. [Handyman] knows everyone and if something needs fixing in the apartment [handyman] is there very quickly" and "On a Wednesday one of the carers pops out for fish and chips for anyone who wants them. They [staff] also came for [person] to play some bingo as they had some spare time. Some of the carers often just pop into see [person] and make a cup of tea and have a little chat."

People's privacy and dignity was respected. People told us that staff were respectful whilst attending to their personal care needs. Staff told us how they used a towel to help cover people up and promote their dignity whilst having a wash. In another example we observed that staff had shut the door to their apartment whilst supporting a person, to ensure their privacy was maintained. Staff said people were given a choice of male or female care staff to support them with their needs. One relative told us, "Everything is working fine, in fact I see the carers going above and beyond. They are keeping an eye on my relative's personal care. They [staff] don't do this at the moment but they gently remind [person] about a shower."

One staff member said, "We go that extra bit. A service user might want something out of the ordinary, might need an extra cup of tea and we wouldn't say 'no we don't have time'. A service user was unwell this morning, I went back after my calls and stripped [person's] bedding. The service user really appreciated it. We [staff] don't think about these extra things we just do them. Another service user was a bit down, we go in and speak to them have a chat. It makes all the difference. We see service users as family and care for them as you would your own family."

We observed positive interactions between care staff and people. People commented that staff were quick to respond if they needed any support. One person told us, "I have a pendant and when I need anyone I just press it. It is great and someone comes straight away."

People told us they were supported to maintain their independence and retain their skills. Examples of this included staff encouraging and supporting people with their mobility and personal care.

People told us they were involved in planning their care and records showed the service provided to people was based on their individual needs. When planning, staff took account of the support the person required and the preferred time for calls. People's views were respected and acted on. The service had a policy on equality and diversity and care staff had a good understanding of equality and diversity and respecting people's individual beliefs, culture and background.

There was detailed information in people's care plans about their life history, interests and how to communicate with people. Care staff could provide us with information regarding people's background, interests and any special needs they had. They informed us that they knew people's daily routines and their

likes and dislikes.

Information on advocacy was available for anyone who required this. At the time of the inspection no one was using an advocacy service.

Is the service responsive?

Our findings

People and relatives told us they were satisfied with the way care and support was provided and care staff responded well to any changes in need. Comments included, "The staff are lovely and there whenever I need them. Nothing is too much trouble" and "I love it [living in the extra care housing scheme]. [Name of staff member] is great and goes above and beyond in the way they look after me."

Prior to moving into the service people were assessed to ensure that the service could meet their needs. This process involved assessing relevant information made available by health and social care professionals. Consideration was given to the level of need people presented with, including their physical and mental health and any social needs.

People's care plans were 'person centred' and informative. They provided staff with information about people's likes, dislikes and preferences as well as their personal care needs and medical and life history. Each area of the plan described the person's abilities as well as the support and tasks needed from staff at each of call, for example, support with checking people's skin integrity, applying creams, administering people's medicines and helping with personal care tasks. Care records contained information about people's physical and mental health needs. The records we viewed had been reviewed and updated as needed.

Care staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. Some people who used the service had medical conditions which required regular monitoring. Care staff told us how they supported people with medical conditions and demonstrated they were knowledgeable about any special dietary requests and ongoing monitoring through medical appointments and blood tests.

Daily notes were kept of the support given to people, at what time and by whom. This meant staff visiting the person later in the day had the latest information on any support needs they had.

Procedures were in place to investigate and respond to complaints. People were given a copy of the provider's complaints policy when they started using the service. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us staff were approachable should they need to raise any concerns.

Different activities were offered to people at each of the schemes such as bingo, movie afternoons, arts and crafts, coffee mornings, quizzes, hairdressing and themed events at different times of the year such as Christmas. People from the four schemes had come together to celebrate Remembrance 100 to mark the 100th anniversary of the Armistice in 1918 that signalled the end of World War One.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in

place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered at the service since January 2018. People, relatives and staff spoke highly of the management of the extra housing schemes and told us the service was well led. One person told us, "I can honestly say it is the best thing I have ever done moving here."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The registered manager was supported by the provider, an area manager, co-ordinators, senior care assistants and care assistants. Regular management and care staff meetings took place, which provided opportunities to check the service was being run in line with the values of the service. Staff told us the registered manager listened to their views and suggestions and was very keen to ensure the highest quality of care was provided. One staff member told us, "I like coming to work. This is a really good company to work for. [Registered manager] is really caring and wants the best for people."

The registered manager and senior staff conducted a series of quality checks that included quality monitoring audits and asking people who used the service to express their views through a satisfaction survey. An annual survey was completed with people using the service and their relatives in August 2018. The results of the survey showed people and their relatives were very well or extremely well supported in areas such as feeling safe and cared for, timeliness of staff and supporting people to achieve their goals.

A newsletter was circulated regularly to keep people and their relatives up to date on events. The October to December 2018 newsletter informed of events such as a craft fayre, dance for dignity (tea dance), Halloween party, remembrance war time sing-a-long and rations, a pantomime, Christmas fayre, Christmas lunch and a New Year's Eve party.

The registered manager and staff had developed good links with people in the local community. Representatives from local churches visited the schemes to hold services. People visited the local pub, shops and cafés. The registered manager and staff had formed good working partnerships with all those professionals involved in people's care.