Comfort Call Limited

Comfort Call Hatfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place over a two week period from 11 July - 28 July 2016 and was a follow up to the previous inspection we carried out in October 2015. At the previous inspection in October 2015 the service was given an overall rating of inadequate and there were breaches of regulations 9, 10, 11, 12, 13, 14, 16, 17, 18 and 19. We took enforcement action in November 2015 which included placing an embargo on new business and the provider was required to provide CQC with weekly reports demonstrating how they were managing the business in regard to people experiencing missed and late care calls.

We inspected the registered office for Comfort Call Hatfield the 19 and 25 July 2016 and on other dates between11 - 28 July 2016 we contacted people who used the service, their relatives by telephone, visited people in their own homes and spoke to staff to obtain feedback.

We gave the provider 48 hours' notice that we would be visiting the office to make sure that the appropriate people would be there to assist us with our inspection.

The Hatfield branch of Comfort Call was registered on 6 April 2015 with the Care Quality Commission. At the time of our visit Comfort Call Hatfield was supporting a total of 325 people.

People who were being supported by the service had various needs including age related frailty, dementia, and physical health conditions. The service did not have a registered manager in post. However the newly appointed branch manager had recently submitted an application to CQC to become the registered manager and the application was in progress at the time of our inspection.

The previous registered manager had resigned from their post in June 2015. 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 who used the service told us things had improved in recent months. However some of the people we spoke with told us that they found the office staff at times unhelpful.

Staff had received training in relation to MCA. There was however on-going work in progress for further improvements including mentoring and additional training to ensure all staff behaviours were in line with their responsibilities under the Mental Capacity Act (2005) (MCA). Staff told us they always sought peoples consent before assisting them and consents were recorded in some of the care plans we saw and were reviewed periodically. However not all care plans we reviewed had people's consent recorded.

People's needs were assessed prior to receiving a service from Comfort Call. However some of the care plans were incomplete and did not always ensure people's individual needs, preferences and choices were taken

into account and implemented. People told us that most of the care staff were very caring and did their best.

There were risk assessments in place that gave guidance to staff on how the risks to people could be minimised. The systems in place to safeguard people from the risk of harm had been reviewed during the last three months.

Recruitment processes had been reviewed and systems put in place to help ensure that people were kept safe. We found that while there were sufficient staffing levels to meet people's needs. People often received late visits and care staff were often changed at short notice.

Staff were well supported by the new manager who had worked hard to develop a more effective system in supporting the staff team.
People were supported and assisted to take their medicines safely and effectively. Staff had received up to date training in the safe administration of medicines and the majority had their competency assessed, and others were in progress at the time of our inspection.

People were supported to eat and drink sufficient food to meet their needs and wishes. However in some cases where visits had been delayed people had not received their meals or drinks at the required times.

The provider had a procedure in place for the investigation of complaints, and concerns. We saw that there had been improvements in the timeliness and responses to complaints and people told us this had improved recently.

The provider had some systems and processes in place to assist in the effective management and quality monitoring of the service. However these were being reviewed by the current manager to ensure that issues we found as part of our inspection would be identified and addressed in a timely way

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Most people told us they felt safe using the service, but some people did not feel safe at all times.

There were sufficient numbers of staff employed at the service to meet the needs of people safely. However visits were not always at a time when people expected them.

Staff knew how to recognise and report potential abuse.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

In most cases people's consent was obtained before care and when support was provided. However this was not always recorded in care records.

All staff had been provided with training in the Mental Capacity Act, and the manager was also in the process of arranging additional training to continue with improvements in practice.

People were supported to maintain their health and well- being.

Where required people were supported to eat a healthy balanced diet that met their needs.

Staff felt supported and received supervision and training.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Care and support was provided in a way that respected and promoted people's dignity.

People were supported in a kind and compassionate way.

However not everyone had consistency of care and staff were not always familiar with their needs. People were mostly involved in the development and reviews of their care.

The confidentiality of people's medical histories and personal information was maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care and support was not person centred and did not always meet their needs.

Staff had access to information and guidance that enabled them to provide person centred care and support.

People's visits were often later than expected and this impacted on their personal plans.

There was a complaints policy in place and complaints were being responded to in a more timely way.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to monitor, identify and manage the quality of the service had not identified or resolved some of the issues we identified during our inspection.

People found the management of the service had improved in recent months but people's experience with the office was, on occasions, still unhelpful and ineffective.

Comfort Call Hatfield

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 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit to the office took place on 19 and 25 July 2016. Between the 11 and 28 July 2016 people, their relatives and staff were contacted by telephone and also visited in their own homes to obtain feedback about their experience of receiving care or working for Comfort Call. The inspection was carried out by seven Inspectors and four experts by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Two inspectors visited the office and the other inspectors and experts by experience spoke with people using the service and staff.

The Inspection was announced. We gave the provider 48 hours' notice of our intended inspection to ensure appropriate senior staff would be there to support us with the inspection. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

As part of the inspection we spoke with 52 people who used the service, visited 13 people in their homes in addition to the 52 people we spoke with on the telephone nine relatives, friends or advocates, 24 members of staff, the head of quality and the managing director and the manager we received feedback from health and social care professionals. We viewed 12 people's care plans and risk assessments. We looked at staff recruitment records. We reviewed safeguarding records, complaints and compliments records. We looked at quality monitoring records including staff support documents and individual training and supervision records. We also reviewed records relating to the overall management of the service and audits. We looked at visit planning and the telephonic monitoring systems which the provider used to make sure people's care visits happened at the times they were scheduled.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2015 we found that there was not always sufficient numbers of staff available to meet people's needs and people often received late visits or visits were missed all together. People often did not know who was coming to provide their care and this impacted on people's lives. At this inspection we found that although there were sufficient numbers of suitable staff employed at the service people still received late visits although we found that this had improved significantly in recent months. Most people told us that their care and support was now provided in a more consistent way and they felt safer. Approximately 20 people we spoke with told us they were not informed when there was a change of worker. We were also told by some people that there had been occasions when a male worker had been sent without their prior knowledge and, this was an area of concern for them.

Most of the people we visited or spoke with told us that there had been an improvement with regard to late calls. However approximately 25 people told us that they still received their visits later than expected. For example in the case of one person the time within the care plan stated that the person would like to get up at 11 a.m. However the care records within the person's home regularly recorded the visit had taken place at 1.30pm with the latest call at 4.15 p.m. This was reported to the manager to follow up. In the case of another person, who was cared for in bed and their call times varied between 8.30 and 10am. They told us "I would just like to know otherwise I am lying there waiting and not knowing".

As part of our inspection we visited 13 people. Five of the people we spoke with told us they had in the past few months had visits from male care workers despite requesting female. They explained that they were not happy about this as they "did not feel safe having a stranger in their home". One person told us "I really don't mind who helps me, if they send a man it's ok but I would like to know in advance if they are sending me a man that I didn't know as I live alone." Another person told us "I am very vulnerable. If I didn't feel safe I would have to say. We looked at records regarding recent visits and we could see that improvements had been made in more recent months and that this appeared to no longer be the case.

If the office do not let me know the name of a carer, or if there is to be a change, then I don't let them in. I am a vulnerable person and I can't just have someone unknown turn up and I push the button of the door release to let them in. Some days I am bed bound so I need a carer to be on time. I also need staff to come the same time every day. I need to have named female carers and the company to adhere to my needs".

Other people told us they felt safe when their care staff visited. They confirmed that they always wore ID badges and uniforms and knocked before entering the person's home. They told us that generally the service endeavoured to send regular care staff but when this was not possible they would let the person know in advance if they could.

Fourteen people we spoke with told us they were not asked if they had a preference for a male or female support worker. We found that although staff told us they offered people the choice of gender specific care staff we found that there was no provision within the care plan to record this information.

One person told us "I do feel safe now. One time a few months ago I had a male carer come it was such a shock to me. Not a man on his own and me on my own. The company did listen though. My relative told the company there should be no more male carers". This was fed back to the manager who agreed that the recording of individual choice would be addressed immediately.

We reviewed 10 recruitment files as part of this inspection and found that all 10 files had been updated and improved since the last inspection took place. All files now contained the required information and demonstrated that the process for recruitment was now safe and effective. We found that all files staff contained a minimum of two references and in four files we looked at, three references had been obtained and were in place. Disclosure and barring checks [DBS] had also improved and were now were evident in people's files. This meant that we were assured that people who were employed had sufficiently robust checks carried out and were suitable to be working with vulnerable people. All ten files had records relating spot checks that had taken place every three months.

We saw that people had completed risk assessments in their file in the office and also a copy in their home. Risk assessments had been regularly reviewed. We saw that where risks had been identified actions were in place to mitigate or reduce risks. Staff told us they were given information in advance and sent regular updates if there were any changes to people's condition or abilities. Staff told us communication and paperwork had improved recently and they rarely had issues with obtaining information.

At our last inspection we found that people were not always supported to take their medicines in a safe or timely way due to the amount of late or missed visits. At this inspection we found that improvements had been made as visit times had improved and in particular when a person required support with taking their medicines. We saw that staff had received training and competency checks were carried out regularly to assess staff were working in a way that support good practice.

Staff were trained in how to safeguard people from harm and were knowledgeable about the risks of abuse. All staff spoken to were able to describe different types of abuse for example emotional physical, verbal and neglect. Staff told us they would contact the office and also the police if they felt people were in immediate danger of harm. One staff member told us, "I feel well trained in recognising potential abuse and I know what to do if I suspected abuse was taking place." Another staff member said, "We have all had training in safeguarding and know how to report any concerns both internally and if required I would report to the local authority if I had to." Regular updates were provided to ensure staff had current knowledge and were kept aware of any changes and to support good practice.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that people who were being supported by the service were not always confident that staff had the skills and abilities to provide care and support which was effective. We found that staff had received training on the principles of the Mental Capacity Act 2005 (MCA).

During this inspection we found that both induction, on-going training and support had been provided and staff had been trained in MCA. In addition, further MCA training was planned and being rolled out to all staff to improve practice. In addition all staff had been provided with 'MCA information flash cards' which contained headline information about the principles of MCA and these could be used as a reference guide if staff were unsure about anything.

Care records needed to be further reviewed with regard to mental capacity assessments as these were not included in all people's files and there were no records of best interest decisions being made to ensure any care or support provided was in the person's best interest. The manager was aware of this and was in the process of reviewing all records to be in line with new care and support plan records which includes these elements.

We found that consent had not consistently been recorded in people's care records. For example three people we visited did not have consents recorded. However in other care plans we saw that people had signed to give their consent. In one care plan we reviewed it said "I am able to verbalise my consent to take my medication." Staff told us they always asked for peoples consent or explained what they were going to assist people with. Staff were able to give examples of where they accepted implied consent if a person was unable to give consent verbally. One staff member told us "I say good morning (Person) and then say shall we give you a wash or would you prefer a shower". "The person then indicated their preference and consent".

The training records within the 10 staff files we looked at had improved since the last inspection took place. We were able to see that staff received training in a wide range of areas which helped them develop the skills and abilities necessary to perform their roles effectively. These included moving and handling, food hygiene, safeguarding, medicines and dementia awareness. Feedback obtained from staff demonstrated the training they had received had been effective.

We saw evidence that new staff members were required to complete a comprehensive induction programme and had their competency assessed before being allowed to work unsupervised. New staff worked alongside more experienced staff and had 'shadowing' opportunities to assist their competencies. Senior staff undertook 'observed practice' in people's homes to check that staff were working in accordance with their training and best practice guidelines. There were also competency checks in place for staff who assisted people with their medication. All the training had been completed within the last year with systems in place to monitor when refresher training was due.

Part of the training was to look at 'impact and consequences' which staff told us was very in-depth and

helped to understand the implications of failing to carry out certain tasks, for example if a person missed their medicines they looked at the impact of how this affected the person. Or for example if a person's visit was 'missed' how that impacted on the person and their family.

Generally people were positive and complimentary about the staff who supported them and many people told us things had improved recently. Most people said they had consistency of workers while others told us they often got changed at the last minute and sometimes the replacement workers were not as effective as the regular staff who knew their routines better. One person told us "Staff have the right skills and the regular carers absolutely. I train them myself so that it is done as I need it, in my own way". Another person said "I think on the whole the carers are trained, they seem to know what to do". However another person told us "In the main they have the right skills – occasionally new carers possibly do not have the right training".

Staff told us and records confirmed they had regular one to one meetings with their line manager to discuss and review their performance and professional development. They also had the opportunity to attend team meetings where they were supported and encouraged to discuss any areas of concern or issues relating to their work, people they supported and discuss any changes to the way the service operated. For example in a recent staff meeting the newly appointed manager discussed and outlined their plans for the future. Staff told us that they felt well supported especially since the new manager had joined the branch. One staff member said "We know where we are now. The (Manager) knows everything that's going on so we are much clearer about what we are doing".

Staff told us they assisted people when required to access health professionals such as their GP. In some cases we found that for people, their family or relatives took care of health related appointments but where people lived alone and needed supported with either arranging or attending appointments staff supported them. Staff also told us they would report any concerns or changes to people's health and the manager or coordinator liaised appropriately with other healthcare professional, for example the manager told us about two recent referrals where one person required a referral to an occupational therapist and in another case where a person required the support of a district nurse.

Where required, staff supported people with the preparation of food and drinks to help ensure they had a healthy balanced diet that met their individual needs. People told us that staff always offered them a cup of tea or an alternative and always checked before they left the persons home if they wanted a drink or food left for later. This helped to ensure people received adequate food and hydration to maintain their health and well- being.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection we found that people were not always treated kindly and their preferences were not always considered. At this inspection we found that this had improved greatly. There were still occasional situations where people had not been given choices and whose preferences were not always taken into account. However the manager was aware of this and had already put measures in place to address this so that people were fully involved in their care and were offered choices.

We found that seven people we spoke with were less positive about their relationships with the office staff and how they were responded to. People told us they often had to wait for long periods of time for the phone to be answered and often their issue went unresolved due to their calls not being returned. Four people told us that they had called the office on various occasions over the last four weeks to find out which care worker was coming to provide their care. They told us that the office staff provided them with the name of a care worker but when they arrived it was a different care worker. One person said they "Got sent a weekly rota, however it arrived on Tuesday and the week started on a Saturday by the time the rota arrived already everything had been changed without consultation".

However several people told us that staff's attitude at the office had improved with regard to how they respond to phone calls and problems. One person told us" They seem more efficient now as before they made you feel you were a nuisance but when I last called I spoke to a person who was both patient and understanding and resolved my issue immediately". We discussed our findings with the branch manager who was aware of some of the issues and had plans in place to address the concerns raised by people. For example they were going to send the rotas out earlier so people would receive the information in a more timely way. This would reduce the amount of times they had to contact the office to find out who was coming and at what time.

People told us they were not always asked if they had a preference in relation to the gender of their support worker. While we found that many people were agreeable to having a male worker for non- personal care tasks, other people told us they had specifically requested female care workers but did not always get them. This suggested that people's dignity and privacy was not always maintained and respected. When we looked at records regarding recent visits and we could see that improvements had been made in more recent months and that this appeared to no longer be the case although improvements could be made regarding the recording of people's preferences.

This suggested that people's dignity and privacy was not always maintained and respected. People told us repeatedly that the care staff were kind and caring but on occasions when a stranger turned up on their doorstep who they were not expecting they felt it was not good enough. One person told us "You get to know the staff and then the company chop them about. I do say can I have so and so but it is not to be". Another person told us "'I am not being awkward but if the office do not let me know the name of a carer, if there is to be a change, then I don't let them in". One person told us "Now I am very happy but it has taken a long time. I have complained to the coordinator many times about there not being a permanent staff member. It was all relief staff". Another person we spoke to told us "It takes me a time to let a new person to

do my personal care. The regular staff are very gentle .If the staff are not turned out nice and respectful I will not allow them to care for me. Due to a historical incident I will not have male carers here only female and the company knows and respects my wishes".

People we spoke with and their relatives told us that they were generally happy with the carers who visited. One person told us that "They are always very kind and care for me well." Another person told us that "My regular carer is like a friend as they have been coming to help me for three years and I think they love their work because they are always happy to help me, they are gentle and considerate." Care plans seen could be more person centred and were being further developed to include people's preference, for example how they liked to be bathed/showered, choice of clothes etc. We saw that the daily notes were sometimes repeated with limited personalised information to say how the person was feeling. Most people told us that staff respected their dignity and privacy and gave examples of staff ensuring the curtains were drawn when receiving personal care and using towels to protect their modesty. One person told us "They always keep me covered as I don't like being left without at least one towel." Another person told us that "I don't really like people having to help me so they do their best to do this in the least intrusive way possible."

We spoke to staff about their relationships with people they supported and found that staff demonstrated that they had developed positive and caring relationships with people they clearly knew their needs well. Staff spoke in a kind and compassionate manor and told us they felt they had more consistency now which had supported the development of these relationships. Family members also spoke positively about the staff and said that overall the service had improved and they now had regular staff but on occasions there were changes and they were not told about in advance.

We saw and people told us they were invited to be involved in the development and review of their care plans. However some of the people we spoke with could not remember being involved. One person told us "They came to the house, asked some questions and made some notes, and then we got a care plan so I suppose we were involved to some extent". However, we found that some care plans lacked detail, for example the days of the week were ticked to indicate a visit but there were no allocated times recorded. Some people told us they were not happy with this as they never knew what time their care would be provided, other people who were less reliant on care staff were more flexible and felt it was not crucial for their care staff to arrive at a set time.

Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. Confidentiality was maintained within the office and all personal and confidential records were locked away in filing cabinets.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found that the service was not always responsive to people's needs. People had told us they found that the staff turnover was vast and this meant constant changes in the care staff particularly at the weekends. Office staff did not always return calls. At this inspection we found that although improvements had been made there were still problems regarding the staffing rotas which meant people did not always receive the care when they needed it.

We saw that in most cases people had been involved in their care to one degree or another. However other people told us they did not remember being involved, and it was not always evident from care records if they had been involved or not. Where appropriate, relatives and or family members had been involved in developing and reviewing of people's care plans. We found that people's specific visit times had not always been recorded and when we spoke to people, many told us they were not sure what their 'assigned' times were as it varied and often changed at the last moment. In cases where times had been assigned, people told us the care staff arrived half an hour either side of the times they were expected. Most people said they did not mind this as the flexibility worked both ways. One person said "If they are delayed at the previous visit they arrive late"; they went on to say that they understood if something happened at a previous visit the carer could not just leave.

We checked a sample of care plans against commissioning records and found they did not always reconcile. For example where visits had been initially commissioned and the care provision changed or increased this was not reflected on the rostering system which made it hard to monitor if visits were being provided in accordance with people's assessed needs. We spoke to the manager about this and they agreed that an audit of all care plans was needed in order to reconcile that the care being provided to people was accurate and was in accordance with their assessment of needs.

Other people we spoke to gave us more negative feedback regarding this issue. For example one person said "The organisation is not really good. When we contact them to cancel calls because of holidays or anything else, they never do it and then the carers turn up. They've had to ring my relative to ask where we are and then we get charged for the visit."

We found that all the care plans we looked at had been reviewed and updated within the past three months and contained an individual detailed assessment of need. We saw that four out of five care plans had been signed by the person themselves and the remaining care plan had been signed by the person's relative. Although daily notes were in place these could be further developed as often the records simply stated 'Care given or just 'Care provided' with limited detail of any interaction or involvement with the person themselves.

Nine out of thirteen people we visited told us that the care staff who visited them were regular and always stayed for the allocated time. One person told us "If I need anything extra doing that I cannot do myself they will often stay and do it for me and they will go the extra mile for you."

We saw that people had a copy of the complaints procedure within their care plans which contained details of who to contact if they were unhappy about the care provided. We received mixed feedback about how the provider responded to complaints. Most people we visited told us that when they called the office with an issue or concern that staff were more efficient and professional than they had been previously. Nine out thirteen people knew the name of the new manager and had been contacted by them. One person said the manager got straight back to me and arranged to come and see me to sort things out.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that the quality monitoring systems and processes that were in place to quality assure the services provided were not always as effective as they should have been. People told us repeatedly that they did not feel their issues were listened to or acted upon and communication was poor with the office staff. At this inspection we found that this had improved and systems and processes had been introduced to provide better overall monitoring. Improvements were still required with regard to call times and ensuring the service is person centred and personalised with regard to specific call times to people. We found that more work was required with regard to strengthening systems and processes. The newly appointed manager had been responsible for many of the improvements but the infrastructure to sustain and further develop improvements was still fragile.

Overall the office systems had been improved greatly and this was strengthened by the appointment of the new manager. Systems to monitor and review have been improved, for example, quality assurance records in service user files and spot checks being recorded. Staff files had also improved. The office was more organised and efficient.

We found that training was up to date and an improved induction programme was in place, which had been extended to five day .People told us the Manager has a 'presence' and carried out regular home visits to people. Safeguarding concerns were reported and managed more effectively now and we found the manager to be both open and transparent.

People, relatives, and staff were positive about how the service was operating and were particularly complimentary about the new manager. One person said, "At least they have been in contact with us and we got a letter introducing themselves". Another person told us "I have spoken to the manager and feel confident that they will make the required improvements". Relatives too were positive and said "At least you get to speak to someone now not like before". The office hours had been extended and the out of hour's provision was under review in order to strengthen the team and staff, who supported the service when the office was closed

Staff told us they felt they were well supported and valued by the new manager. One member of staff said "At least we know what we are doing now" (Manager) is aware of everything that goes on". Other staff told us that the new manager 'Was getting the job done properly but was nice and approachable as well". Staff told us communication had improved and everyone knew what was going on.

The manager told us they had introduced a range of quality assurance systems and audits to ensure they kept on top of things and achieved gradual and sustainable improvements. We saw from staff and team meetings that all aspects of the service were discussed and actions were recorded and signed off when completed. Staff told us they were consulted and involved since the new manager had been in post and that they really felt proud of what they were achieving.

Staff told us, and our observations confirmed that the manager provided strong and visible leadership

across the service. We saw they had a vision for the service and were gradually turning the service around to ensure systems and processes were 'embedded' and not just a quick fix to get things done.

People had been asked for feedback regarding the service they received through surveys client visits and spot checks to people home. Feedback was analysed and plans put in place to make the required improvements. However as many of the processes were new we could not assess how effective they would be in identifying issues and areas requiring improvements.