Comfort Call Limited

Comfort Call - Beechfield

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 30 August and 3 September 2018 and was unannounced.

Comfort Call Beechfield provides care for people living in flats and bungalows at Beechfield Court in Middlesbrough and Orchid Close in Thirsk.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people who have physical and mental health conditions and those who have a dementia type illness. Not everyone using Comfort Call Beechfield receives a regulated activity. CQC only inspects the service being received by people provided with personal care. At the time of our inspection 72 people using the service received personal care.
The communal areas of Beechfield Court include a café and hairdressing salon which are also open to the public. People have emergency buzzers in their homes which they can use to alert staff if they require emergency assistance outside of their regular care calls. Staff are based on-site at all times. The building is managed by Group Thirteen which is also based at the service.

There was a registered manager in place. 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.

At the last comprehensive inspection of the service in January 2017 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Dignity and respect, Staffing, Safe care and treatment and Good governance. We issued two warning notices in relation to Safe care and treatment and Good governance and asked the registered provider to take immediate action to make improvements. A subsequent inspection took place in August 2017 which focused on the areas where we had issued warning notices. At the focused inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Safe care and treatment and Good governance. Following the focused inspection, the provider sent us an action plan which detailed actions already taken and those yet to be completed. All actions had dates in place by which the registered provided expected them to be completed.

At this inspection we reviewed the action the provider had taken to address the issues we found at the last two inspections. We noted that improvements had been made however we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe Care and treatment and Good governance.

You can see what action we told the provider to take at the back of the full version of this report.

This is the fourth time the service has been rated Requires Improvement.

We identified that medicines were not always managed safely. We found that some risks to individuals were documented but information was missing around other risks. Regular quality assurance checks took place; however, these were not robust.

People and relatives gave mixed reviews about staffing levels. Staffing levels were monitored by the registered manager.

People were safeguarded from abuse and avoidable harm. The provider followed safe recruitment procedures to minimise the risk of unsuitable staff being employed.

Infection control policies and procedures were followed to support the control of infection.

We identified some gaps in care plans relating to people's health conditions. The care that was planned was personalised.

Staff were supported with their inductions and had regular supervision meetings and an annual appraisal. Staff received training, the provider deemed key to help them keep people safe.

Staff sought consent from people before carrying out tasks with them. People were always supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to access external professionals to monitor and promote their health. People told us that staff helped them with shopping and the preparation of food when needed. The registered manager told us that procedures were in place should anyone require additional support with their nutrition and hydration.

Most of the people and relatives we spoke with said that the staff team were kind and caring. We were told by both people and their relatives that staff treated people with respect and promoted independence.

Outside of people's planned care visits, regular activities took place at the service which relatives and friends could attend. Group Thirteen, Comfort Call Beechfield and people using the service worked together to plan these activities. People told us they were happy with the activities at the service.

People and their relatives told us they knew how to complain. A complaints policy and procedure was in place. Feedback from people, relatives and staff about the service was sought.

Staff understood and followed people's care and support plans. The provider had policies in place to support people with end of life care if 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?

Requires Improvement

The service was not always safe.

Medicines were not always recorded correctly.

Some risks to people's health, safety and wellbeing had not been documented.

Policies and procedures were in place to help safeguard people from abuse. Staff knew how to recognise and report any concerns.

Safe recruitment procedures helped reduce the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff were supported through regular training and supervision.

Staff sought consent before carrying out tasks with people.

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

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about care staff.

Staff displayed caring attitudes towards people and understood the importance of maintaining people's dignity.

People's independence was promoted by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people and relatives expressed dissatisfaction with the

responsiveness of the service in meeting their needs.

Staff knew the people they were supporting well including their desired outcomes and preferences.

People knew how to complain if they chose to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance processes had not identified the issues we found with medicines and risk assessment procedures during this inspection.

Feedback was sought from people but not always acted upon.

Staff told us they felt supported by the registered manager.

Comfort Call - Beechfield

Detailed findings

Background to this inspection

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

We gave the service 48 hours' notice of the inspection visit to ensure the registered manager and required records would be available to us in the day of the inspection. Inspection site visit activity started on 30 August 2018 and ended on 3 September 2018. It included telephone calls to people, their relatives and staff. We visited the office location on 30 August and 3 September 2018 to see the registered manager and office staff, and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector and a pharmacist inspector. An Expert by Experience spoke to people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service such as notifications of serious events. We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service, to gain their views of the care provided by Comfort Call Beechfield.

We spoke with eight people who received personal care from the service and six relatives. We looked at eight plans of care and support and eight people's medicine records. We spoke with nine members of staff, including the registered manager, a coordinator and seven care staff. We also spoke with the provider's area manager.

We looked at seven staff files, which included recruitment records. We also looked at records involved with

the day to day managements and running of the service.

Requires Improvement

Is the service safe?

Our findings

At the last focused inspection in August 2017 we found that people's medicines were not always managed safely. Not all identified risks to people were assessed and recorded. Staff did not follow correct procedures when incidents occurred. Staff were often late for planned calls. Staff had not received hoist training. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Safe care and treatment. We also found at the last inspection that there was no robust monitoring or analysis in place for unplanned calls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Good governance.

At this inspection we found that some improvements had been made. Staff followed the provider's procedures when incidents occurred. Most people told us their planned calls were usually on time, and the monitoring of emergency calls made by people outside of their core hours was taking place. Staff had received hoist training. We identified however, ongoing issues with medicines and the assessment and recording of risks to people.

We looked at medicines management during this inspection. One person told us, "They always get my tablets right, it's important that they do." People received their prescribed medicines. However, some improvements were required for record keeping in this area.

We found medicines and their prescribed instructions were not always written on to the medicines administration record (MAR) accurately. For example, one cream had no strength specified.

Omission codes for non-administration of medicines were not used consistently and we found confusion with the codes used for refusal of medicines and medicines which were not required. We also found when medicines were refused, staff did not always record the reason for the refusal in the daily notes. This is not in line with the provider's policy.

Staff had not accurately documented the type of support that individual people needed in their care plan. For one person whose care plan we looked at, the medicine risk assessment stated that they required their medicine to be 'administered by staff' but we saw on the (MAR) and in their home whilst visiting with their permission, that they were self-administering their creams. No risk assessment had been completed so that the provider could be sure that the person could manage this safely.

We looked at how the service managed application of patches to people and found they were not following their current medicines policy. We looked at one record for a person prescribed a patch for pain. This patch required site rotation as per the manufacturer's instructions. Whilst some staff had recorded site application in the daily notes we found this to be inconsistent.

All medicine records were audited by staff on a weekly basis and we saw evidence of actions as a result of these audits. Managers also audited medicine records on a monthly basis to ensure oversight. Whilst there was a robust audit system in place the service did not have a process to the analyse themes and trends

gathered from these audits.

We found that risks to people were not always assessed and recorded. We saw some people were prescribed creams containing paraffin. If people use such creams regularly but do not often change clothes or bedding, paraffin residue can soak into the fabric, making it flammable. However, risk assessments were not in place for this.

Records showed that some people had health conditions such as diabetes and sleep apnoea however, there were no recorded risk assessments in place to guide staff how to manage and minimise these risks. We saw that one person's care file noted they were at risk of choking but no additional information was available to guide staff as to how to minimise the risk or the action to take should the person choke. Staff received some general information about catheter and continence care however there was a lack of information in one person's care plan about their individual needs in this area.

This was a breach of: Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to Safe care and treatment.

We brought these issues to the attention of the registered manager who informed us they would complete the required risk assessments as a matter of priority. They sent us evidence of the completion of some of this work following the inspection.

People and their relatives gave mixed feedback on staffing levels. Most people told us that their planned calls were on time. However, people expressed concerns about the length of time it took for buzzers to be responded to when unplanned support was required.

The registered manager monitored staffing levels to ensure sufficient staff were employed to keep people safe. They told us that there had been an issue with people using their pendant buzzers for non- urgent support outside of their allocated hours however, they had attempted to address this issue by ensuring staff and people were aware that people's planned calls took priority except in an emergency situation such as if a person was to fall. The registered manager told us that they felt the excessive use of the buzzers outside of their purpose was having an impact on other areas of the service and that they were monitoring the use of buzzers for non-urgent calls to identify any shortfall in the commissioning of people's services.

The staff we spoke with during the inspection told us they felt there were enough staff on duty to meet people's needs. One staff member said, "We can usually manage the calls." Since the last inspection a more robust on-call system was in place should staff require support outside of office hours. Staff told us they had support available when needed out of hours.

Staff were aware of how to protect people from avoidable harm and abuse. Staff had received training in safeguarding adults and knew how to make an alert should any concerns be raised. They told us they felt confident the registered manager would deal with any concerns raised appropriately.

Staff received training in the prevention and control of infection. They told us they had the equipment they needed made available to them such as gloves and aprons to undertake infection prevention and control tasks safely.

The registered manager shared incidents and untoward events with staff in order to ensure lessons were learnt. For example, they had identified staff were more likely to make medicine errors in their first couple of weeks of working at the service. To address this the registered manager had implemented a workshop

which was attended by staff after two weeks of employment to refresh the medicines training that the newly recruited staff had received as part of their induction.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in January 2017 we identified that staff had not received supervision in line with the providers policy. Supervision is a process, usually a meeting which provides guidance and support to staff through regular documented meetings. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Staffing.

At this inspection we found improvements had been made in this area and staff were supported with regular supervision meetings. Staff told us they found these meetings useful. One staff member said, "It's helpful, we cover residents, issues we may have, how we feel and are we supported."

Newly recruited staff completed a week-long induction and training programme before they supported people. They also shadowed more experienced staff until they felt confident. One person told us, "Staff shadow, they need to know what they are doing and we have to get used to each other." Inductions covered areas such as health and safety, record keeping and medicine management. Staff were signed off when competent in the areas covered. Where needed, recommendations for staff development were made. For example, for a staff member to have additional training in a specific area. Records showed the management team also had weekly 'check-in's' with new staff to support them. One person said, "I cannot comment on their qualifications but they seem to be very professional."

Most people and their relatives and friends told us they thought staff had the skills and knowledge needed to provide effective support. One person told us, "They [staff] know what they are doing." Staff completed a 'Fitness to practice passport' covering areas such as record keeping and medicine management to develop their skills and knowledge. Spot observations of staff practice took place covering areas such as the observation of professional boundaries, communication and medicines management. These were carried out regularly by the management team to help ensure care staff were competent and professional in their roles.

Records showed a range of training was provided which included areas the provider deemed key, such as health and safety, first aid and food hygiene. One staff member told us, "We get lots of training."

People's needs were assessed by the service prior to admission. Individual care plans were in place highlighting what the person could do for themselves and the person's areas of needs. Care plans documented how staff could best meet each person's individual needs. People's communication needs were also documented in their care and support plans. This helped ensure staff knew how to interact with people in the most effective way.

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. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. One person told us, "The staff

always ask my permission before doing things."

We saw that where they were able, people had signed their agreement to their plans of care. Where people were unable to make their own decisions and consent to care tasks, the registered manager was aware of the requirements of the Mental Capacity Act. The service did not have individual best interest decisions recorded for people. The registered manager told us that this was because people currently supported were able to make their own decisions on a day to day basis but when they were needed for a specific decision, best interest meetings would be held and the decisions agreed would be recorded. Following this inspection, the registered manager provided us with information regarding the actions they would take if they felt a person was lacking capacity to make a certain decision.

A small number of people required support with their nutrition. Where this was the case, staff assisted them with shopping and the preparation of food. People's food preferences were noted in their plan of care. Staff supported people to have meals at the onsite café. The registered manager told us that where a risk was identified with a person's nutrition and hydration they would contact the relevant professionals for advice however at the present time they had no people requiring this support.

Comfort Call Beechfield are not responsible for people's accommodation on site however we saw where needed they liaised with the housing provider to help support people who had issues with their accommodation.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of collaborative working with healthcare professionals such as with GP's.

Good

Is the service caring?

Our findings

At the last comprehensive inspection in January 2017 we found that people's dignity was compromised. This was a continued breach of Regulation 10 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 relating to Dignity and respect. At this inspection we found improvements had been made in this area.

Most people we talked with spoke positively about the support they received from care staff at the service. One person said of the staff, "I can't fault them, it's a million times better than where I was before." Another person told us, "I was seriously ill and the way they looked after me was outstanding. I have nothing but praise for them." A third person said, "It's staffing levels not the staff which is the problem here."

One person told us, "They are very sensitive and responsible. I consider myself to be very lucky." A friend of a person supported by the service said, "It's first class care. If I had a choice I'd come here, it's been a huge change and a huge relief."

Relatives and friends gave positive feedback about staffing at the service. One relative of a person living at Beechfield Court said, "The girls are good."

We saw interactions between staff and people were kind and caring. Staff showed patience and were light hearted when appropriate. One person told us, "We tend to have a joke with each other." Another person said of the staff, "They check up that I'm eating."

Most people and their relatives said staff treated them with respect and helped them to maintain their dignity and independence. Staff received training in dignity and respect. Staff were able to describe how they maintained people's dignity. One person told us, "They maintain my dignity, they always cover me up."

The staff we spoke with showed an understanding of the importance of promoting independence and of ensuring people were able to make their own choices.
The service had a policy on equality and diversity. The registered manager told us that information would be made available to people in large print or brail if people needed it and two staff members were trained and able to use a type of sign language if required.

During this inspection we observed people popping into the registered manager's office for a chat, to tell them how they were feeling and for guidance and support. The service provided evidence to show that people could be signposted to local advocacy services as a means of accessing independent advice and support if required.

Requires Improvement

Is the service responsive?

Our findings

At the last comprehensive inspection in January 2017 we found that some care records were inaccurate and contained contradictory information, there was a lack of information about how to provide person centred care, care records were not always reviewed and updated appropriately and there was a not a clear audit trail in place when concerns had been raised. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Good governance.

At this inspection we found that some improvements had been made in this area, however we identified areas where improvements were still needed.

A number of people and their relatives told us that they were unhappy with the responsiveness of the service when people required support outside of their planned care hours. People told us that when emergency situations arose within the scheme that their planned calls would be late. One person said, "It's terrible here, staff are stretched to the limit." Another person said of the staff, "They are usually on time. It's not their fault if there is an emergency and they are a bit late." We discussed this with the registered manager who informed us that the service was considering how improvements could be made in this area.

We looked at care records and spoke with people about the care and support which they received in their own homes. Staff provided care and support in line with people's personal preferences, wishes and needs. We saw that plans of care contained detail about how people wanted to be supported including people's preferred personal care routines. For example, one person's plan stated, 'I would like the carer to gently wake me up'. A staff member told us, "There is plenty of information in the care plans for us."

Care files included an 'About me and my life' section giving background history and information about the person being supported. A section was also included which covered 'How I can be supported to achieve my goals'. One relative told us, "We go through the care plan quite regularly, both my parent and myself."

Handovers took place between day and night staff to ensure relevant, up to date information about people was passed on.

People, staff and Group Thirteen worked together to provide activities at the service. This was not part of people's care provision from Comfort Call Beechfield, but was designed to increase people's social contact within the community which they lived. People spoke positively about the activities on offer and told us they were happy with them. Most recently, these had included bingo and arts and craft sessions.

The service had links with the local community. Communal areas of the service, including the hair salon and café were accessible to members of the community. People could have their relatives and friends to visit them at any time.

A complaints policy and procedure was in place. Records were in place to show the nature of the complaint, the action taken to resolve complaints and the outcomes. One person told us, "I'd just go to the office if I

had a complaint." A relative said, "I have made a complaint and it was dealt with, it's been fine ever since."

At the time of the inspection no one was receiving end of life care. The provider informed us that they had policies and procedures in place for staff to follow in order to support people should this be the case.

Requires Improvement

Is the service well-led?

Our findings

At the last focused inspection in August 2017 we found that there was no robust monitoring or analysis of unplanned calls carried out. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Good governance.

At this inspection we found that some improvements had been made, however quality assurance checks had not identified the issues we highlighted during this inspection, including medicine records and risk assessments. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Feedback was sought from people regularly including through an annual survey. However, we noted that there were reoccurring themes in the feedback received about calls being late or people not being informed about changes of the staff member supporting them. Records showed that where issues had been identified in audits they had not always been addressed effectively. For example, in the annual survey response in July 2017, 36% of people said the service was poor at telling people when calls would be late. This continued to be regularly highlighted as an issue by many people on quality assurance forms in the months between completion of the survey and this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Good governance.

The service had a registered manager. People gave mixed reviews about the management team in place at the service. One person said, "I could go to [name of registered manager] if I had a problem, or the coordinators." Another person said, "I don't think things are followed up."

We asked staff for their views about working at the service. The staff we spoke with during this inspection were positive about the management of the service and told us they thought improvements had taken place. One staff member told us, "It's got better since [registered manager] took over." Another said, "I'm comfortable with the manager, everything has settled down." A professional wrote to us prior to this inspection and told us, "I think the new manager has really pulled the service around."

We received six concerns via the Care Quality Commission (CQC) National Customer Service Centre during the course of this inspection, which detailed issues about the management of the service. We discussed this with the area manager who informed us that a number of changes had been implemented, including actions to cut down on the use of buzzers for non- emergencies which some people were unhappy about. Where concerns were raised these were dealt with appropriately by the registered manager and provider.

Feedback was gathered from staff at regular team meetings. Minutes of the meetings showed that they covered areas such as records and reporting and confidentiality. Staff told us their suggestions were listened to by the management team.

Group Thirteen facilitated meetings for people which staff from Comfort Call Beechfield Court attended. This meant people were kept up to date about any changes to their care or accommodation. These meetings had included discussions about the use of pendant buzzers being limited to emergency situations.

During this inspection we found that information we required was readily made available and the provider and registered manager were responsive in addressing the issues raised.

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 submitted the appropriate notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 2. a, g The provider did not always assess the risks to the health and safety of people using the service. Medicines records were not always maintained appropriately.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 2 a, b, e, The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people supported. Provider and management audits had failed to identify some of the issues we identified during this inspection. Feedback was not always acted upon