Comfort Call Limited

Comfort Call Durham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an announced inspection of Comfort Call Durham on 24 August 2017. The provider was given 48 hours' notice our visit. We wanted to be sure there would be someone at the office to meet us.

We last inspected Comfort Call Durham in July 2014, found there were no breaches of legal requirements and rated the service as Good overall. The provider relocated office premises and registered the change of address in January 2016. At this inspection we found the service was continuing to meet all legal requirements.

Comfort Call Durham is registered to provide personal care to support people to continue living in their own homes. At the time of our inspection the service was providing personal care to 242 people.

People who used the service were complimentary about the standard of care and support provided by Comfort Call Durham. A person told us, "My carer is like a good friend and I am so lucky."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The manager had been registered with CQC since 3 July 2017.

The registered manager was accessible and approachable. Staff and people who used the service felt able to speak with the registered manager and provide feedback on the service.

Safeguarding procedures were in place. Staff had received training in prevention of abuse and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Staff were aware of the reporting and recording procedures for accidents and incidents. Risk assessments were in place related to the environment and the delivery of care.

People received their medicines in a safe way. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the people who used the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff received regular supervision sessions and an annual appraisal.

Staff were knowledgeable about their roles and responsibilities and training was up to date. Staff had the experience required to support people with their care and support needs.

People who used the service were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. Staff knew the people they were supporting and provided a personalised service.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The care plans made good use of personal history and described individuals care, wellbeing and support needs.

The service was working within the principles of the Mental Capacity Act 2005. The registered manager had a good understanding of the Mental Capacity Act 2005. 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. The care records we looked at contained evidence of consent.

People had access to health care professionals to help maintain their wellbeing and staff responded to any health concerns.

Staff supported people to help them maintain their independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The registered manager showed us records confirming regular checks and audits were carried out at the service. The provider was meeting legal requirements in relation to notifying the CQC of events.

The provider had policies and procedures in place that provided staff with clear instructions.

Records were kept securely and could be located 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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Staff were aware of the reporting and recording procedures for accidents and incidents. Risk assessments were in place related to the environment and the delivery of care.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training, supervision and appraisal.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager and staff understood their responsibilities under the MCA. People were asked for their consent before they received any care or support.

People were supported to access healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were complimentary about the care and support provided by the staff.

People who used the service were supported by staff that were warm, kind, caring and respectful.

People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

Staff supported people to access the community and reduce the risk of them becoming socially isolated.

Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager and there was open communication within the staff team. Staff felt comfortable discussing any concerns with their manager.

People felt the staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Records were kept securely and could be located when needed. Policies and procedures took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Comfort Call Durham

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.

This inspection took place on 23 August 2017 and was announced. The provider was given 48 hours' notice of our visit. We wanted to be sure there would be someone at the office to meet us. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the agency we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints.

We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals.

We also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. No concerns had been raised with them about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with twelve people who used the service about the care and support they received and one relative. We also spoke with the registered manager, regional manager, seven care staff and the administrator.

We looked at the personal care or treatment records of nine people who used the service and the personnel files for seven members of staff. We also looked at records relating to the management of the service, such

as audits, surveys and policies.

Good

Is the service safe?

Our findings

People told us they felt safe. They were relaxed and comfortable with the staff that supported them. A person told us, "I have had the same carer for quite a while". Another person told us, "I trust the staff, I couldn't get by without them – they haven't let me down yet". A relative commented, "My [family member] always knows who is coming to care for her, it's good that she knows who to expect".

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. The service had a system in place to log and investigate safeguarding concerns. Staff had received training in prevention of abuse and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. There were arrangements in place to help protect people from financial abuse. We looked at records where care staff supported the people to manage their daily finances. We found the service kept a log and receipts for each transaction. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy dated July 2017 and the recruitment records for six members of staff. Appropriate checks had been undertaken before staff began working at the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, marriage certificates and utility bills. Application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The registered manager told us that the staffing levels were determined by the number of people who used the service and their needs. Staffing levels could be adjusted according to the needs of the people who used the service and we saw that the number of staff could be increased if required. The people supported by the service and the staff it employed lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. There were sufficient numbers of staff available to keep people safe.

The registered manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed their supervisor and cover was arranged so that people received the support they required. People told us that the staff arrived on time for appointments and stayed for the agreed length of time. A person told us, "I don't recall having a missed visit it all runs pretty smoothly." Another person commented, "I have never needed to contact the agency to inform them of missed calls".

The provider's accident reporting policy and procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information regularly in order to establish if there were any trends. Staff were aware of the reporting procedures for accidents or incidents.

The provider's health and safety policy provided staff with an overview of the service's approach to health and safety and guidance to address health and safety related issues. People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. A member of staff told us, "We have an out of hours phone number were someone is always available."

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of people including falls, mobility, nutrition, skin integrity, personal care and medication. These assessments also formed part of the people's care plan and there were clear links between care plans and risk assessments. They both included clear instructions for staff to reduce the chance of harm occurring. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

The provider's support with medication policy covered all key areas of safe and effective medicines management. People received their medicines in a safe way. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and their competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. A person who used the service told us, "It is reassuring to get help with tablets even with the packs, I always worry but my carer is great and waits to see if I remember."

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring and supporting them. A person told us, "Yes, I feel the carers are trained enough for what they do for me they always clean up after themselves, use gloves and aprons and they are always on time. I see my carer as a confidante and friend what more can you ask for".

We saw that all new members of staff received a thorough induction to Comfort Call Durham, which included information about the registered provider, roles and responsibilities, shadowing other staff and policies and procedures. Staff were also provided with an employee handbook. A member of staff told us, "The induction was very thorough and was mainly classroom based teaching with workbooks. There were practical sessions such as with first aid, moving and handling and using different equipment. There was also a period of shadowing with other experienced staff members."

The registered manager told us there was an on-going training programme in place to ensure all staff had the skills and knowledge to support people. Staff training records showed that mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. Mandatory training included moving and handling, first aid, dignity and respect, fire safety, infection control, health and safety, safeguarding and equality opportunities.

In addition staff had completed more specialised training to help them understand people's needs in, for example, dementia care, diabetes, catheter care, outcome focused care, reablement and continence care. A member of staff told us, "I deal with a lot of clients with dementia and the training I received ensured I understood their needs." The registered manager told us, "Our staff are encouraged to undertake additional training and we ensure, that where required, specialist skills essential for a particular person are matched with staff with that skill".

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. A member of staff told us, "Every three months I receive a supervision by the manager". This meant that staff were supported to provide care to people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. As the people lived in their own homes this would be via an application to the Court of Protection.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). The registered

manager had a good understanding of their legal responsibilities and staff had received training on the MCA. 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. The care records we looked at contained evidence of consent. Where people lacked capacity, we found that the care records clearly detailed how staff were to work with people and who had the legal right to make decisions on behalf of the individuals.

When appropriate, people were supported to make meals. A person told us, "I sometimes need a drink and food. I can ask and choose". A member of staff told us, "I ask people what they would like to eat or a family member if they are unable to tell me". Another member of staff commented, "I am able to support people by preparing meals for people, I always offer a choice". People's care records included nutrition care plans which identified dietary requirements and preferences. Some people received support from staff to help them shop for their food and help prepare or make their own meals and drinks.

All staff had completed training in food hygiene and nutrition and healthy eating. The registered manager told us how staff knew about the nutritional needs of the people they worked with and how any concerns or changes in a person's health or demeanour were reported back to senior staff or relatives to ensure preventive measures were taken to help their health and wellbeing.

People were supported to access healthcare services and received ongoing healthcare support. A relative told us, "The carers are great at letting me know when [Name] is ill, they always call and ask us if we want them to do anything like call a doctor". Care records showed people had access to a range of healthcare professionals including the falls team, physiotherapist, chiropodist, GP's and community nurses. The registered manager told us how the service planned to further develop links with local clinical commissioning groups and integrated health services to ensure that the service was effective in terms further developing training and skills for staff. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The service had handover arrangements in place for staff to pass on information between calls. This meant staff were able to communicate effectively with each other to support the delivery of people's care.

Good

Is the service caring?

Our findings

People were complimentary about the care and support provided by the staff. They praised the carers for their dedication and commitment. One person told us, "I cannot fault the care I receive it's so good." Another person commented, "My carers must be the best for miles around."

People were supported by staff that were warm, kind, caring and respectful. They told us they were comfortable with the staff that supported them. People told us about their experiences said they were happy with the care and support they received. One person told us, "I am always asked if it is ok to start the personal care routine even though we do it all the time. The staff are so discreet and caring." Another person told us, "The staff are amazing and really represent the company well they are excellent."

Staff were respectful of people's privacy and maintained their dignity. One person told us, "Staff are very professional and maintain high standards. They always ensure that dignity and privacy are respected which is great and makes me feel better about not being able to do things myself." Another person commented, "My privacy and dignity are respected as much as they can be, it's still uncomfortable to get support in some things but I have resigned myself to the fact that I need help and I have the right carers to do it." Another person told us, "They (Staff) do not ever complain and never ever discuss other people so I know they will not talk about me".

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff involved people in making decisions about their care. A staff member told us, "I always ask if they need anything else or happy with what's been done and if they would like anything explaining".

Staff had a good knowledge of the people they supported. They were able to give us information about people's needs which showed they knew people well. A person told us, "If I am down in the dumps my carer goes the extra mile to try and find out the reason - such kindness." Another person commented, "I have always found the staff very helpful and approachable". A relative told us, "My parent says they feel really well looked after and they are really happy with everyone running round after them".

Staff focussed on people's needs. A person told us, "I could not have a shower without the carers and I don't want friends or family caring for me understandably, so my carer is a godsend". The registered manager told us how the service took the time to understand the individual and agree with them how, when and where services were delivered and how staff were instructed to check and record on every visit that the service had met the desired outcome as described by the person.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate, staff prompted people to undertake certain tasks, for example taking medicines. A member of staff told us, "I let the person try everything for themselves". A relative of a person who used the service told us, "My mum is very independent and hates the fact that she needs help with things but they make her feel more at ease which is great, takes the pressure off". The registered manager told us how risk assessments

were based on promoting independence and agreeing controls that afforded the person maximum choice and control over their lives.

People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. People were asked for their consent before they received any care or support. Care plans and contracts were signed by the people who used the service. A relative told us, "We as a family are all involved and feel that this way, we can ensure she is getting what she needs to keep her out of a care home".

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. This means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). End of life care plans were in place for people and staff had received training in end of life care. This meant that information was available to inform staff of the person's final wishes at this important time. The registered manager told us how the service had links with the palliative care teams to support end of life care and how they supported staff who were involved in end of life care by offering counselling if required.

The service provided people with information on the organisation, equality and diversity, advocacy, health and safety, safeguarding and complaints in their service user guide.

Good

Is the service responsive?

Our findings

Care records were person-centred and reflective of people's needs. We looked at care records for nine people who used the service. People had their needs assessed and their care and support plans demonstrated a good understanding of their individual needs. Care and support plans were regularly reviewed, updated and evaluated.

The registered manager told us how care plans had been redesigned and implemented to ensure that the service provided was person-centred, individual and took into account people's needs, aspirations and goals, their cultural and religious beliefs and their choices about how they lived their lives.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The care plans made good use of personal history and described individuals' care, wellbeing and support needs. Care plans were written in a person centred way. 'Person-centred 'is about ensuring the person is at the centre of everything and their individual wishes, needs and choices are taken into account.

Each care and support plan included a section named 'About Me and My Life' and contained a document called 'My Life Story'. This provided insight into each person including their personal history, their likes and dislikes. For example, 'When I was younger I was a miner down the pit', 'In my younger days I enjoyed dancing and socialising. I enjoy all kinds of music and watching TV' and 'My interests are reading books and magazines and watching TV. I used to like to knit baby clothes and blankets until I was unable to do so due to my arthritis'. This was a valuable resource in supporting an individualised approach.

The service utilised a care and support planning framework which comprehensively assessed people's needs. People had care and support plans in place covering a wide range of needs including, for example finance, communication, memory, personal care, oral hygiene, mobility, falls, skin integrity, nutrition, end of life care, social activities and personal hygiene. Plans aimed to maximise independence in supporting people's dignity and self-respect. Care and support was planned and delivered in line with their individual care plan. This meant people were not placed at risk of receiving care which was inappropriate or unsafe.

People were supported and involved in planning their care. People had given their written consent to the care and support they received. For example, 'As I am unable to walk to my front door carers can bring me my mail'. Daily records showed staff had involved people and their relatives in developing and reviewing care plans and assessments. Support plans recorded how people who used the service were involved in making decisions about their care. A person told us, "I know reviews take place but I let my son/daughter get involved with that, I am just happy with the care."

Staff supported people to access the community and minimise the risk of them becoming socially isolated. For example, people were supported to go shopping at the supermarket or attend the local day centre.

The provider's complaints and compliments policy was included in information given to people when they

started receiving care. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the CQC, if the complainant was unhappy with the outcome. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. The people we spoke with were aware of the service's complaints procedure. A person told us, "I have never had any issues so far so not needed to contact the agency really. The carers have been great!" Another person told us, "Oh yes, I always know how to complain but, touch wood; I haven't had to do that yet". Another person commented, "The day I have to complain, and I know I won't have to, is the day I change service provider and that is not going to happen".

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the agency had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 3 July 2017 and CQC registration certificates were prominently displayed.

We spoke with the registered manager about what was good about their service and any improvements they intended to make. They told us all policies and operations guides were currently being reviewed and how the provider planned to involve people in the formation of a 'Best Practice Group' for planning and development of services next year. They described how the provider was developing an internal group newsletter that was to be launched in the next few weeks and how they were looking to design an IT system to monitor and measure outcomes for people.

The registered manager told us the provider was a member of the United Kingdom Homecare Association (UKHCA) and complied with their Code of Practice. UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. UKHCA helps organisations that provide social care by promoting high standards of care and providing representation with national and regional policy-makers and regulators.

Staff we spoke with were clear about their role and responsibilities. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they supported. All the people we spoke with were happy with the call times and the management. They told us if they needed to call the service for a chat there was always someone to take the call.

The registered manager told us the quality of the service was regularly monitored by speaking with people to ensure they were happy with the care and support they received and by reviewing the feedback. Regular spot checks to review the quality of the service provided were also completed. The registered manager told us how the regional manager reviewed the service on a monthly basis and the provider audited the service twice a year. These audits looked at care planning and reviews, the standard of documentation and assessment. Improvement plans were agreed and reviewed where required.

The service regularly sought feedback from people about how they met their needs and aspirations. The registered manager told us how the service carried out an annual quality questionnaire and collated the results to identify themes and ways to improve. We saw the results of a 'customer satisfaction survey' from 2016. 295 questionnaires were issued and 114 were returned (38.6%). Questions asked included 'are you involved in planning your service', 'do staff respect your confidentiality and privacy', 'do staff treat you with courtesy and respect' and 'do staff ensure your physical comfort'. Responses were generally positive. A person told us, "We have had questionnaires about what we think and I like being able to be positive about my carer". This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

Staff meetings were held regularly. We saw a record of a staff meeting dated 18 July 2017. Discussion items

included medicines, record keeping, lone working, safeguarding, health and safety, spotting malnutrition, policies and procedures, and pressure area care. The service also operated a 'Care Hero Award' for staff nominated for going the extra mile by people who used the service and their friends/relatives.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities and statutory notifications were submitted in a timely manner.