

Comfort Call Limited

Comfort Call Gateshead

Inspection report

7-8 Blue Sky Way
Monkton Business Park
Hebburn
Tyne and Wear
NE31 2EQ

Tel: 01914959541

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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

This inspection took place on 19 and 27 September, and 4 and 5 October 2018 and was announced. This was to ensure someone would be available to speak with and show us records.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages. Some of the people who used the service had mental health needs or were living with a dementia type illness.

On the days of our inspection there were 1490 people using the service. Not everyone using Comfort Call Gateshead receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We last inspected the service in March 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Risk assessments were in place for people who used the service and staff. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place to support people with the administration of medicines.

Although there had been some missed and late calls, appropriate action had been taken in response and most of the feedback from people was positive.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People were supported with their health care needs and to attend appointments where necessary.

People who used the service and family members were complimentary about the standard of care at Comfort Call Gateshead. Staff treated people with dignity and respect and helped to maintain people's

independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation and the service had links with the local community.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People, family members and staff were regularly consulted about the quality of the service.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service improved to Good.

Comfort Call Gateshead

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 19 and 27 September, and 4 and 5 October 2018 and was announced. One adult social care inspector and two experts by experience formed the inspection team. 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 visited the provider's office on 19 September and 4 October to speak with the registered managers and office staff; and to review care records and policies and procedures. We telephoned people who used the service and family members on 19 September. We visited one of the extra-care housing complexes on 27 September and carried out telephone calls with staff on 5 October.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. We spoke with 31 people who used the service and five family members. In addition to the three registered managers, we also spoke with the area manager, one co-ordinator, one medicines lead and nine members of care staff. We looked at the care records of ten people who used the service and the personnel files for six members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. All the people we spoke with said they felt safe using the service. One person told us, "When they [staff] come at night they make the house all secure and make sure I am safe in bed." Another person told us, "Yes, I do [feel safe]. They do practically everything when they are here, I am very satisfied." Another person told us, "There is a code and a key, they see I'm safe at night, everything is locked up."

Most people and family members we spoke with told us they received visits from regular staff who were usually on time. However, some people told us they had experienced missed or late calls and they felt staff were "rushed", "tired" and rotas "could be better organised". We discussed staffing and rotas with the area manager, registered managers and co-ordinator. The service covered three local authority areas and operated as three separate 'branches'. Two of the branches were operating an electronic call monitoring system which helped reduce the number of missed or late calls. Electronic call monitoring was planned for the other branch. The area manager told us there had been some "difficulties" with staffing during the summer holidays but they had been "managing as well as they could". Staff we spoke with did not raise any concerns about staffing levels. They told us they regularly covered extra shifts but were happy to do so and did not feel under any pressure to say yes.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, which helps employers make safer recruiting decisions.

The provider had a safeguarding adults policy and procedure in place. Safeguarding files included a register that included a record of each incident, ensuring the registered managers could keep track of each incident and its status. Each individual record included details of the incident, a copy of the referral form to the local authority and a copy of the notification to CQC. We found the registered managers and staff understood safeguarding procedures, appropriate guidance was available to staff and staff had been trained in how to protect vulnerable people.

The provider had an appropriate accidents and incidents reporting and recording procedure in place. We viewed a sample of accident and incident records and saw they had been appropriately dealt with. Each one included an investigation report and described any corrective or preventative action that was required, and any lessons learned from the incident.

Risk assessments were in place for people, which described potential risks and the safeguards in place to reduce the risk. These included medicines, falls, environmental risks and nutrition.

Some of the people who used the service were supported with taking their medicines. We found appropriate policies, procedures and arrangements continued to be in place for the safe administration of medicines, and records were regularly audited.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. One person told us, "They know what I like and what I don't like, it's awful when you have to keep telling people what to do. I don't have to with this with my carers." Another person told us, "They know what they are doing. They always ask if there's anything to do." A staff member told us, "We go above and beyond to make sure every task is completed for the service user."

Staff were supported in their role and received regular supervisions and an annual appraisal. Staff received an induction to the service and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Staff told us they received sufficient training to be able to carry out their role and specialist training was available if required. Although a small number of people told us staff training could improve, most of the feedback was positive. One person told us, "Luckily I have the same carers who are well trained. I don't have any worries about being looked after." Another person told us, "Yes, I have been quite confident in how they have handled me. New ones come to shadow and train with the other carers". Another person told us, "If they weren't trained I would complain to the firm."

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs. Staff prepared meals for some of the people who used the service and care records provided specific information on people's needs and preferences. For example, four of the records we looked at described people as being at risk of choking or had difficulty swallowing. Appropriate risk assessments were in place and records included guidance for staff to follow on the types of food people could eat and the size of the portions. Records also included details of involvement from speech and language therapists (SALT).

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. We found the service was working within the principles of the MCA. Staff had a good understanding of mental capacity and had been trained in the MCA and deprivation of liberty safeguards (DoLS).

Records showed, and people told us, that consent was always obtained before any care and support was

carried out.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. One person told us, "They [care staff] are chatty. I can talk for England, I have a bit laugh and joke with them." Another person told us, "I'm well cared for. If they treat all the clients like me there's nothing to worry about. If I want something extra, they would do it for me." Another person told us, "My carer is lovely, friendly and full of chat. If I have anxiety she takes my mind off it and calms me down." Other comments included, "The carers are very pleasant and helpful" and "The level of care is fantastic. I can't praise the carers enough." A family member told us, "I'm over the moon with the care, [name] does look forward to them coming in."

People were supported to be as independent as possible. Care records described what people could do for themselves and what they required support with. For example, "Assist to undress and assist me onto bath chair and into bath", "[Name] enjoys cooking and every effort should be made to involve [name] in these activities to both promote independence and social stimulation", "I do this [personal care] on my own but require verbal prompts at times to maintain my personal hygiene" and "I require verbal prompts and occasional physical prompts [to carry out domestic tasks]."

Care records described how staff were to respect people's privacy and dignity when carrying out personal care. One person told us, "Yes, they close doors and curtains, when I am having personal care." Another person told us, "Yes, if they need to do something embarrassing they will cover me up, close the curtains and the door." Another person told us, "I think they [staff] do [treat with respect], they are certainly very patient."

People's preferences and choices were clearly documented in their care records. These included whether they had any religious or spiritual needs, food preferences, preferred name, and choice of clothes. For example, "I can choose [clothes] myself" and "I like to choose what I wear but carers to support with appropriate clothing for the weather on the day."

Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. These provided information on whether a person's understanding or conversation skills may be impaired, and whether they had any difficulties retaining information. Guidance was provided for staff such as, "Speak to me loud and clear" and "Prompt and reassure me. Remind me where possible."

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the service manager who told us none of the people using the service at the time of our inspection had independent advocates.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Care records we looked at were regularly reviewed and evaluated.

Each person's care record included important information about the person, such as next of kin, medical history, GP contact details, family history, employment history, and likes and interests. We saw these had been written in consultation with the person who used the service and their family members.

People's care records were person-centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Support plans were in place, which described the individual needs of people, what they wanted to achieve and the support they required from staff. They included the support required with personal care, communication, mobility, dietary needs, skin care, continence, medicines, religious and cultural needs, and social needs. They included details of the outcomes and goals people wanted to achieve from their care and support. We found some of these outcomes and goals were vague and were not specific about what the person wanted to achieve or how the service was going to support them to achieve it. For example, one person's goal stated, "To remain independent with good personal hygiene." Another person's goal stated, "Continence care." We discussed this with the area manager and registered managers who agreed to review the records.

Daily records were completed for each person, which included an update on the care and support provided, and whether there was any important information to hand over.

Guidance was available for staff regarding end of life care. The area manager told us training was planned to support staff when required to help care for people with palliative care needs.

We found the provider protected people from social isolation. People told us they enjoyed the social aspect of their call visits and staff had time to sit and talk to them. One person told us, "They are friendly and we talk about my family." Another person told us, "My regular carers have time to chat while we are doing things together." Another person told us, "The carers I have are friendly, we talk about things we have in common."

Care records described the individual social needs of people. For example, "I will be supported one to one to access community activities. Carers work with me to develop on interests and there should be a mix of meaningful and valued activities as well as social and recreational activities" and "I will be encouraged to participate in a variety of opportunities of my choice."

The service had a complaints policy and procedure in place, which was made available to people. Complaints records had been appropriately actioned and dealt with. Most people told us they knew how to raise a complaint. One person raised some concerns with us. We informed one of the registered managers

who actioned immediately via the complaints procedure.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the provider's quality assurance process was not robust and was not always effective in addressing identified shortfalls. We carried out a focussed inspection in December 2016 and found the provider had made its quality assurance processes more robust and this was leading to improvements in the service. At this inspection, we found the provider had robust quality assurance processes in place.

The provider's quality team carried out a quarterly audit of the service. This included safety and security, service management, comments and complaints, record keeping, and staffing. An improvement action plan was put in place for any identified issues.

At the time of our inspection visit, the service had three registered managers in place. A registered manager is a person who has registered with CQC to manage the service. Each registered manager maintained a 'branch file' that included monthly analysis of accidents and incidents, complaints and compliments, medicines errors, missed visits, and safeguarding incidents. Improvement plans were in place for any issues. For example, all missed calls were investigated and disciplinary action was taken if necessary.

An annual survey was carried out so people and family members could feedback on the quality of the service. Questions included protecting privacy, being polite, feeling safe, consistent care workers, being on time, told when late, being involved in decisions, staff well matched to needs, support to achieve goal, dealing with complaints. Most of the responses were positive and any negative comments or issues had been followed up with a telephone call and visit by a senior member of staff.

Most people and family members we spoke with provided positive comments about the management of the service. One person told us, "Whenever I ring the office they are always very nice to me." Another person told us, "Yes, overall the last two years things have improved." Another person told us, "The service is well managed for me." Other comments included, "I am happy with what we get. I wouldn't change anything" and "It's definitely well run, nothing needs improving." Negative comments received were in relation to staff being overworked and the timeliness of calls as mentioned in the Safe section of this report.

Staff we spoke with felt supported by the management team and regular staff meetings took place. One staff member told us they didn't like getting regular phone calls from the office when they were visiting a person who used the service. We raised this anonymously with the area manager who agreed with the comment. Other staff members told us they received plenty of support from the office and were comfortable raising any issues.

The service had links with the local community. People were supported to attend local churches. Some people were provided with personal care at extra care housing schemes. These facilities were made available to members of the public for meals, activities and coffee mornings.

The provider was meeting the conditions of their registration and submitted statutory notifications in a

timely manner. A notification is information about important events which the service is required to send to the Commission by law.