

Comfort Call Limited

Comfort Call - Monica Court

Inspection report

Monica Court
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place at Monika Court Extra Care Scheme on the 8 August 2017. The service was newly registered in March 2017 and this was the first time it had been inspected.

Monika Court Extra Care Scheme is the registered provider, however, attached to this registration are two more extra care schemes which are Mount Carmel and Moore's house. Extra care schemes operate in purpose-built properties, which provide accessible and safe housing for older people who are unable to live completely independently. Each person lives in their own flat but has access to a communal room and dining area where their meals are prepared for them if they wish.

At the time of the inspection there was a manager at the service who had been in post since March 2017. 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.

Medicines were not always administered safely and accurate medicines records were not always completed effectively.

People told us they felt safe in their homes and staff had the correct skills to support them safely and effectively with their daily routine. People told us they received their care in line with their care plans and didn't feel rushed.

Staff were knowledgeable around how to keep people safe and promote positive risk taking. They also knew how to respond to any concerns or safeguarding events, giving examples of when to raise concerns and whom to.

Staff had a sound knowledge around the needs and requirements of the people they supported and understood the importance of ensuring person centred care was delivered. Staff received a suitable amount of training appropriate to their roles and were confident that if additional training was needed this would be arranged.

The service ensured suitable risk assessments were in place to safeguard people using the service and its staff and visitors from risks which may be apparent from people's household appliances, furniture, floor coverings and cleaning fluids. The service also liaised with the land lord of the scheme to ensure the building was in a good state of repair.

Staffing levels were sufficient to enable safe and personalised care and support to be provided to people using the service. Comments from people using the service and staff supported this.

Recruitment procedures were implemented to ensure appropriate steps had been taken to verify new employee's character and fitness to work. Induction processes ensured staff had the correct amount of support and training prior to commencing the role unsupervised. People we spoke with felt staff were knowledgeable about their support needs and cared for them effectively. Staff demonstrated a good understanding of their role and how to support people based on their individual need's and in a person centred way.

People had individual care files containing support plans, risk assessments and other relevant documentation. These records ensured clear information about people's needs, wishes, feelings and health conditions were documented. Daily log sheets were completed to ensure information was communicated between staff and people's families.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People we spoke with and staff told us the manager was approachable and we noted there was always a senior person in each of the schemes. An 'on call system' was operated to deal with any emergencies out of office hours. People told us any concerns they had were dealt with appropriately.

The service had quality assurance systems in place which monitored the effectiveness of the service. Audits were completed weekly, fortnightly and monthly and in addition to this quality assurance inspections were completed three monthly by the service quality team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always administered effectively and medicines records were not always accurate and complete.

People told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of procedures to follow if they suspected any abusive or neglectful practice.

Requires Improvement ●

Is the service effective?

The service was effective.

Systems were in place to ensure staff were sufficiently trained and staff received a detailed induction prior to commencing employment.

Supervision and appraisal was carried out effectively and in line with the service's policy.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Good ●

Is the service caring?

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

Staff were knowledgeable about people's individual needs.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and clear. Care was tailored to meet people's individual needs and requirements.

People felt able to raise concerns and felt the registered manager addressed their concerns appropriately.

Is the service well-led?

The service was not always well-led.

The service had a manager employed who was registered with the Care Quality Commission.

The management structure monitored the quality of the service by means of audits, observation and gathering feedback from people who used the service, staff and visitors. However we identified on going issues with the management and recording of medicines practice.

Requires Improvement ●

Comfort Call - Monica Court

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 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 8 August 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector, medicines inspector from the Care Quality Commission and an Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services. At the time of our inspection there were 51 people receiving care at 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 the plan to make.

Prior to the inspection we reviewed all of the information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints and safeguarding information. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we visited three people's houses and spoke with eight people who used the service. We spoke with seven staff members, including the registered manager, and regional manager. We looked at the care records of six people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People told us they were happy with how they were supported. Each person told us they felt safe in their homes and in staff presence. One person said, "I feel very safe here. I like to keep my door locked when I'm out but I keep it open when I'm in." A second person commented, "I do feel safe here and there are buzzer alarm cords in all the rooms."

We observed one carer support three different people with their medicines during a visit. The carer administered and recorded medicines safely. We asked three other people we met whether they always got their medicines on time and they all said "Yes". We looked at a total of 11 people's medicine records.

We looked at the way medicines were handled. We visited people in their flats and looked at the arrangements for supporting them to take their medicines. We found that medicines were not always managed safely.

We found repeated errors on three people's medication administration records (MARs). Another person's MAR had not been signed on one night. However, the daily notes for these people recorded that they had taken their medicines in the right way. The team leader at one of the schemes showed us their medicines audit for July. The audit found carers had made 11 errors on people's MARS but given medicines at the right times and recorded details in their daily notes.

A carer wrote the details of a person's medicines on their MAR each month. The information was not checked by a second person. The service's medicine policy did not require a second signature but this is good practice to reduce the chance of a mistake.

One person was prescribed two barrier creams to protect their skin. The creams were labelled 'use as directed' but there were no instructions in the person's care plan. This meant that carers might not apply the creams in the right way. Another person had been without their tablets for pain relief for one week.

We found that one person's medicine risk assessment stated they needed physical assistance (level two support) with their medicines. However, the person's relative told us that [their relative] received, "The highest care package." The care and support plan stated carers should administer the person's medicines (level three support in the service's medicine policy). A person may not get the help with medicines they need if their risk assessment and care plan contain inconsistent information.

At two sites we found that medicines were temporarily kept in the central office, on people's behalf, were not stored securely. Records to account for these medicines were also incomplete. This was a concern as there was no way of checking if any medicines were missing due to mishandling. Some of the medicines were controlled drugs (medicines subject to stricter legal control when not in a person's home because of the risk of misuse).

The concerns identified meant that the service was in breach of regulation 17(2)(b) (2)(c) of the Health and

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

We looked at staff rotas for two of the schemes. Staff told us they felt there was enough staff deployed each day and at times it could be busy but all the tasks were completed without delay. People we spoke with gave us mixed views on staffing levels. Comments included, "There's not enough carers" and "I think they're very short-staffed but they don't listen to us though." Whilst others told us they were happy with the staff presence they saw and received.

Recruitment policies and procedures were in place which aimed to protect each person who accessed the service. Appropriate checks were completed on each new staff member to ensure they had the necessary skills and experience to safely support people. We looked at six staff files and noted each file had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service. Staff files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff files also contained copies of the staff member's identification badge and a numeracy and literacy assessment. This was to ensure the new staff member was able to effectively read the care plans and document accurate information in the persons daily log sheet.

Each file contained a contract which gave specific information regarding expectations of the service, along with other policies including the service's disciplinary procedure. Disciplinary procedures are in place to support the provider to take immediate action against employee misconduct or failure to follow company policy and procedure. The regional quality manager told us the service had not been required to take any disciplinary action against an employee in the past year. Therefore we were unable to determine the providers conduct when dealing with such processes.

Clear safeguarding policies and procedures were in place to ensure the safety of people using the service and protect them from abuse and the risk of abuse. We saw that staff had received training in safeguarding matters and were able to give examples of how they would ensure people were supported in a safe and effective way. A safeguarding register was evident for each of the schemes which contained detailed reference numbers which cross referenced with the individual concern making it simple to navigate through the records. In addition to this the service evidenced a safeguarding flow chart which enabled staff to follow the process from recognising abuse, how to report and what to expect. Staff confirmed they had received safeguarding training and we saw evidence of this when looking at the training matrix.

People's files contained a series of risk assessments suitable for the care and support of the individual and for staff. Each person's file detailed individualised risk assessments. The assessments we looked at reflected risks associated with the person's specific needs and preferences and to reflect the lone working status of the staff member. Strategies had also been drawn up to guide staff on how to manage and respond to identified risks. Risk assessments covered areas such as orientation, skin integrity, mobility, body positioning, and nutrition. Risk assessments were reviewed when appropriate and updated with any necessary additional information. Staff displayed an understanding of the services risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported.

Environmental risk assessments were also in place. These looked at individual factors in the person's home which could cause harm or pose a risk to the person and or staff member. Areas of consideration included,

furniture, floor coverings, poor lighting and smoking.

The service had fire risk procedures in place and detailed annual fire risk assessments were followed. Staff had received fire training and we noted fire signage and equipment was visible throughout the schemes we visited. Each person had an individual personal emergency evacuation plan which detailed areas such as the individual's awareness of emergency the location of the flat, any assistance required and the person's mobility. A grab file was located at the main office giving emergency services easy access to people's details.

The provider had a Business Continuity Plan. This was updated as necessary. This plan is in place to ensure the timely effective operation of the business should it be subject to any events which could compromise the service to people in any way such as adverse weather conditions.

Is the service effective?

Our findings

People told us staff helped them with their daily support requirements and their dietary requirements were met effectively. One person told us, "I have a meal here either lunch or dinner and they cook for me too because I'm not mobile. Some are good and some not so good at cooking, it's half and half really." A second person said, "The Carers make my breakfast. I always have porridge, I like porridge" and a third person stated, "I was only six stone when I came here but I'm a lot heavier now. The food's very nice and I always have my dinner and tea here. I make my own breakfast and I've got a microwave now. They showed me how to use it and how to do my own porridge."

The service had processes in place to train and support staff. Staff were required to complete an induction to caring workbook as part of their recruitment process. This required the staff member to be subject to a period of monitoring and their knowledge and competence assessed by a manager before being signed off as competent. This workbook was required to be completed over a week's period and before the staff member could commence their shadowing shifts. The registered manager added, "The care certificate is being rolled out to all new staff. But all our existing staff hold their NVQ level 2 or above in direct care." The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers.

Training was offered to all staff which was relevant to the people using the service. Training topics covered aspects such as the safe handling of medicines, fire rescue, record keeping, and food safety. Staff we spoke with confirmed they received an appropriate amount of training and felt this enabled them to competently carry out their caring roll confidently. One staff member told us, "We always get face to face training. This is better than doing it on a computer."

Staff told us they received regular supervision and appraisal. We saw records of supervisions held and noted plans were in place to schedule future supervision meetings. Staff told us supervision was something they valued and it provided the opportunity to discuss their responsibilities and the care of people who used the service. One member of staff said, "I get regular supervisions. I think they are useful to speak about things that may be bothering me and be reminded of good practice." We noted additional supervisions were held when required and when bad practice needed to be addressed on a one to one basis.

Staff received a handover before each shift and additional information would be documented in the communication book. Staff spoken with told us this was a good method. We looked at the communication books and noted they were used effectively.

Staff meetings were held every two months. Agenda items such as record keeping, key worker responsibilities, safeguarding, whistleblowing, time keeping and medicines practice were discussed. Staff told us they could also raise any issues or new ideas during this time and acknowledged it was a nice way to meet with other colleagues they may not always see.

People's care plans contained information about medical histories and health care needs. This meant staff

were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. Links had been made with local resources such as dieticians, district nurses and physiotherapist. We noted processes were in place to assess and monitor people's nutritional and hydration needs, with nutritional risk assessments used when appropriate. The registered manager told us we use a mid-upper arm circumference tool to monitor a person's weight loss (MUAC).

Food hygiene was part of the service's training programme, which helped to ensure support staff had the knowledge and skills to prepare food safely. People were encouraged to eat healthy and were very much a part of the meal planning process. Each file we saw contained a nutritional care plan and detailed any specific diets people may have. Staff told us they supported people with these requirements when required. We noted people had been referred to the dietician service when required.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service manager was able to describe action they would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Is the service caring?

Our findings

When visiting people's homes we observed positive staff interaction which was caring and patient. People we spoke with told us staff were, "Caring" and "Considerate." One person told us, "It's a nice place here, it's good". Whilst another commented, "The staff are really nice. I always feel comfortable when they're doing personal stuff."

Staff spoke courteously about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice.

Staff gave examples of the steps they took to ensure a person's privacy, dignity and independence was respected and promoted. They told us they would never enter a person's property without knocking and introducing themselves first. One staff member said, "It is very important that we as carers respect the person's home and private life. Therefore it is very important that we remember this and I personally would not treat somebody in such a way that I wouldn't want for myself." We noted positive staff interaction with people throughout the day of inspection in all three schemes.

The provider had a 'code of conduct' in relation to practice which staff were expected to follow. This ensured staff were adhering to best practice guidance. Staff we spoke with understood their role in providing people with care assessed to their individual need. One staff member stated, "It is very important to offer choice. I would always ensure I give choice. By this I meant with even the simplest thing such as breakfast choice and clothes the person wishes to wear that day."

During the inspection we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through person-centred care planning. We saw that people were supported by staff to access communal areas within the different locations by staff and our observations showed that people were supported with patience and kindness.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The manager told us the service respected the diverse needs of the people it supported and the ethos of the service was very much to promote people as individuals and ensure life opportunities and requirements were offered at every opportunity. The service also provided a statement of purpose and a service user guide was also included which provided guidance and information on the standard of care the service provided.

Is the service responsive?

Our findings

People we spoke with told us staff helped them with their daily support needs in a way which was acceptable to their preferences. One person said, "The girls do everything I ask. They are very good." A second person told us, "They know what I like I never need to ask them." People also told us they felt able to raise any concerns should they need to. One person informed us, "I can speak with the carers if I have any grumbles, they pass it on and it gets fixed."

Assessments of people's need were done before care was delivered. This was in conjunction with the local authority support plan. This ensured the service was able to support the person in a safe and informed manner. Assessments considered support individual to the person. It covered areas such as the person's pre-history, what is currently working well and not well. The person's physical health, skin integrity, continence, mobility, personal care, social life and leisure. We noted that each person was very much part of the assessment process.

Essential contact details were recorded as routine, such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family members where appropriate. People had been involved in this process.

Daily reports provided evidence that people had received care and support in line with their care plan. The care plans we reviewed were written in a sensitive way and contained relevant information which was individual to the person. These records enabled staff to monitor and respond to any changes in a person's well-being.

Although people resided in their own flats within the scheme, activities were still provided in the communal areas for people who wished to access them. Activities such as coffee mornings, gardening groups, bingo and exercises were offered. At time of inspection we observed a group of ladies visit to perform gentle exercises with people.

The service ensured policies and procedures were in place for dealing with complaints and concerns. These policies offered guidance on how to make a complaint and what to expect including relevant time scales. A complaints register was held with relevant details of each individual complaint, level of complaint, description, outcome and any follow up action. We noted the service had received 21 complaints over the three schemes since registration in February 2017. We sampled seven of these complaints and noted they had been dealt with and concluded in line with procedural guidance. People's comments supported that complaints were treated as priority and that any concerns were listened too.

We saw a compliments file containing thank you cards, letters and emails. One compliment read, "I was in the communal lounge this afternoon and happened to witness the excellent care and compassion delivered to a person by a member of staff." We also noted numerous staff commendation forms which recognised the good work they carried out on a daily basis.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection that had been in post since March 2017. 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. The manager had overall responsibility for the service and it was their role to provide oversight and manage day to day operations.

Prior to the inspection the Commission had received numerous statutory notifications from the service in relation to medicines errors, in particular errors with the effective recording around medicines management. Due to this we found the service in breach of Regulation 17(2)(b)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the concerns identified in the safe section of this report, the well led section of the report will also be rated as requires improvement because there had been a breach of the regulations.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. This ensured governance audit systems were in place covering areas such as medicines, care files, falls, environment, accidents and incidents, risk assessments, complaints and compliments. The registered manager told us that each entry was input onto a data base which was monitored by the 'quality team'. It was the role of the quality team to monitor areas and oversee any areas of concern.

Weekly care plan checks also were carried out on people who were deemed to be at high risk and two weekly for people assessed as medium and low risk. This was to ensure the information was still valid and safe.

Audits were now carried out weekly on areas such as medicines, daily log sheets and body charts such as weights and skin integrity. People were spoken with as part of this auditing process. The registered manager told us audits could be carried out by senior staff members upwards, however she would review the audits once completed. Audits were effective in identifying errors in relation to medicines administration. However, these errors were still happening. We spoke with the registered manager in regards this who assured systems were now in place to ensure disciplinary action was taken against staff who repeatedly made errors with medicines administration. The Commission will monitor this.

The registered manager told us, "We have a three monthly internal inspection. This is an in-depth inspection which is carried out by the quality team. It covers all aspects of documents, they speak with staff and test their knowledge and also speak with people using the service and their relatives to ensure they are happy with everything. They also check all audits. In addition to this we are also subject to a branch visit check which is usually done by the area manager. A mini audit is carried out, they tend to look at a sample of files such as staff files and care plans."

We noted the last quality assurance visit had been carried out in July 2017. During this visit the quality assurance team looked at service records ensuring each person had a care plan in place and had been

supplied with a service user guide. The team also confirmed that all records were in date and completed in full and that carers were staying their allocated time slots and arriving when expected. This information was gathered by speaking to people who used the service and their relatives when appropriate. Further questions were asked around privacy and dignity, confidentiality, were people being encouraged to maintain their independence, did people feel rushed, and people's satisfaction with the amount of care visits they received. We noted these visits had been recorded and were kept in people's files. The visits we saw were signed by the individual.

People we spoke with told us they felt the schemes were well run. One person told us, "The manager does listen when you need her to." Another person stated, "Things get done and everybody is nice." A third person told us, "The place seems well organised. We all live in our own homes but do go down for meals if we want to and sit in the lounge. It's good."

Staff felt well supported and were able to approach management with any concerns or questions. One staff member told us, "I feel much supported by the manager. If I have any issues about anything she will help out." A second staff member said, "There is always someone in the office if we need them and during the night there is an on call system which works well."

The service ensured it had a number of policies and procedures appropriate to the service provided. These ensured employees were provided with current and applicable information about legislation and good practice guidelines relating to their roles. Policies included, person centred care, care planning, managing behaviour which challenges, complaints, dress and appearance, food hygiene, equality and diversity.

All staff had been provided with a copy of the provider's code of conduct. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action.

Newsletters were printed monthly for people using the service. The newsletters announced any activities booked for the month, birthdays, and any other business such as rubbish collection day changes, smoking areas and any further reminders.

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 17 HSCA RA Regulations 2014 Good governance Medicines records were not always completed effectively.