

London Care Limited

Comfort call (Westmoreland House)

Inspection report

Cumberland Close
Bircotes
Doncaster
South Yorkshire
DN11 8BY

Tel: 01302746791

Date of inspection visit:
14 January 2020

Date of publication:
18 February 2020

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

About the service

Comfort Call (Westmoreland House) is an Extra Care Housing scheme that provides personal care for people living in their own flats on one site. There were 14 people using the service at the time of the inspection.

People's experience of using this service:

People were provided with safe care that reduced the risk to their safety. There were enough suitable staff in place to meet people's needs and to keep them safe. People's medicines were safely managed. Staff had received training on how to reduce the risk of the spread of infection. The provider ensured staff and the registered manager learned from mistakes and agencies were notified of incidents that could affect people's health and safety.

People's assessed care needs were provided in accordance with current best practice guidance and legislation. People were supported by well-trained and experienced staff. People's nutritional needs were managed, and they were supported to maintain a healthy and balanced diet. Some people received care from other agencies as well as this service. The two worked together to provide timely and consistent care.

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.

Staff were kind, caring and treated people well. Staff were respectful and provided personal care in a dignified way. People's privacy was respected. People were involved with decisions about their care.

People's care records were person-centred and contained guidance for staff to support them in their preferred way. People were provided with opportunities to avoid social isolation by meeting others. Information was provided for people in an accessible format. People felt able to make a complaint and were confident their complaint would be acted on. End of life care was not currently provided, but staff would support people with this if required.

Quality assurance processes were consistently implemented to help the provider and the registered manager to identify and act on areas which could pose a risk to people's safety. The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC. People's views were requested and acted on to aid the development and continued improvement of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good. (Published 5 July 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below

Comfort call (Westmoreland House)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection. The inspection was completed in one day.

What we did before the inspection

We reviewed information we received about the service since the previous provider's last inspection. This

included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with four people who used the service and asked them about the quality of the care they or their family member received. We also spoke with three care staff, the registered manager and the regional manager. The regional manager was there to represent the provider of this service.

We reviewed a range of records. This included all or parts of records relating to the care of three people. We also reviewed three staff files, training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from the risk of abuse. Systems and processes were in place to ensure that any concerns about people's safety were always acted on quickly. This included staff reporting concerns to the registered manager, who in turn ensured relevant authorities were informed.
- ☐ People felt safe when staff cared for them in their flats. One person said, "I feel safe here yes, I have my own flat but with staff around, I just press my fob and the staff come."

Assessing risk, safety monitoring and management

- ☐ The risks to people's safety were assessed and care plans were in place to guide staff to help reduce the risk to people's safety.
- ☐ Risk assessments were thorough, regularly reviewed, and where needed, were amended to reflect people's changing care needs.
- ☐ Assessments of the risks in people's flats had also been carried out. These highlighted amongst many others, the fire risks within each flat. Staff had been informed how to ensure they and the person they were caring for were safe.
- ☐ We did note guidance was not in place for staff on how to make people safe if there was an emergency such as fire or gas leak within their flat. The registered manager agreed to amend the environment risk assessments to incorporate this. This will help to keep people safe.

Staffing and recruitment

- ☐ People felt there were enough staff in place to offer them care when they needed it.
- ☐ People told us staff arrived when they needed them. People were provided with a set number of care hours per week and the use of these hours was flexible. People had been empowered to make their own decisions about when they wanted staff to care for them, giving people more control about how they wanted their care hours to be used.
- ☐ Staff suitability to work with vulnerable people was checked before they started to commence their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Using medicines safely

- ☐ People received their medicines safely.
- ☐ People told us they received their medicines when they needed them and in their preferred way. One person told us staff always arrived at the same time each day as they needed their medicines at a specific time. This helped to reduce the risks to this person's health and safety.
- ☐ Medicines were stored in each person's flat. Storage procedures and the risks associated with them were

discussed and agreed with each person. Records used to record when a person had taken or not taken their medicines were robust and regularly reviewed to help identify any themes or trends that could affect a person's health.

- ☐ Staff competency to administer medicines was assessed at least once annually to ensure they continued to administer medicines safely.

Preventing and controlling infection

- ☐ Staff had received training to help reduce the risk of the spread of infection in people's flats. When we visited people in their flats, we did not identify any infection control risk.

Learning lessons when things go wrong

- ☐ Accidents and incidents were investigated, and action was taken to identify any themes or trends which could affect people's health and safety.
- ☐ Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's physical and mental health and social needs were assessed prior to them starting with the service.
- ☐ People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- ☐ Care records contained reference to current best practice standards and guidance. This included information in relation to diabetes and stroke awareness. This gave staff the most up to date and relevant information to enable them to care for people in an effective way.

Staff support: induction, training, skills and experience.

- ☐ People were cared for by a consistent team of staff who had the skills and experience to provide them with effective care.
- ☐ People felt staff understood how they wanted to be cared for. People praised the professional and skilled approach of staff.
- ☐ Records showed staff had completed training the provider deemed mandatory for their role. Staff received regular supervision and observation assessments of their practice. Staff felt supported by the registered manager to carry out their role effectively.
- ☐ Staff were given the opportunity to gain externally recognised qualifications such as diplomas in adult social care. Access to additional qualifications such as these helps to provide staff with up to date skills and experience to provide people with high quality care.

Supporting people to eat and drink enough to maintain a balanced diet.

- ☐ If people needed support with their meals and to maintain a healthy and balanced diet, staff ensured they received the help they needed.
- ☐ One person said, "Staff know me well, they know what support I need, for example with my meals they help me choose something in the morning, get it out of the freezer and then they come back to put it in the oven."
- ☐ Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. This include guidance for meals for people with diabetes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- ☐ Support with visits to GP's, dentists and other healthcare agencies would normally be carried out by the relatives of the people who used the service. If required, there were occasions when staff would support

people with these visits.

- Care records showed where other agencies were involved with people's care, people's care records and risk assessments reflected this. Care records were amended where people's health changed. This ensured people continued to receive consistent and timely care across several different agencies.

Ensuring consent to care and treatment in line with law and guidance.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and we found they applied these principles effectively.

- Where people were able to make decisions for themselves they felt staff always respected and acted on their wishes.
- People's ability to make decisions about their care were assessed and recorded within their care records. If able, they signed their own records giving their consent to decisions. Where unable and they did not have the ability to decide, records were signed by an 'authorised' person.
- Records showed some relatives had the legal authority to sign these records on behalf of their family members; this is called having 'lasting power of attorney'. This power enables the approved relative (or other appropriate person) to act in the person's best interests when making decisions on their behalf.
- We did note that it was not always clear if the person signing on behalf of their family member had the legal authority to do so. The registered manager acknowledged this needed improving and told us they would address this. This will help to ensure that people's rights are adhered to and respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People were treated well by kind and caring staff. People liked the staff who cared for them. One person said, "Oh yes they are all very kind, really cheery, they call out 'Hello' when they come into my flat and I look forward to them coming."
- ☐ People felt staff cared for them in their preferred way, with kindness, compassion and empathy. They had built positive relationships with them and we observed people and staff speaking with each other in a friendly way.
- ☐ Staff told us they enjoyed their role, respected people's views about their care and ensured people were always well treated.
- ☐ People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. This could include any aspects of their religious or cultural backgrounds. One person had a regular visit from a priest and had some requirements for their meals because of their religious beliefs. This was recorded within their care plan for staff to be aware of.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were supported to make decisions about their care needs. ☐
- ☐ People could communicate their wishes verbally, they said they were involved in decisions about their care. People said they felt listened to by staff and staff had time to listen to them. They welcomed this approach and felt their views mattered.
- ☐ People told us they and/or their relative had contributed to the forming of their care plan. Care was always provided in accordance with people's wishes.
- ☐ Staff had a good understanding of people's care needs and the importance of providing care for people in their preferred way.
- ☐ Information about how people could access an independent advocate to assist with making decisions was provided.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were encouraged to do as much for themselves as possible.
- ☐ People told us staff knew what help they needed and what people could do for themselves. People's care records contained clear guidance for staff on how independent people were for certain tasks and what support was required from staff.

- ☐ Staff treated people with dignity and respect. Staff could explain how they maintained people's dignity and privacy during personal care. A person said, "When the staff enter my flat they always knock and call out to me, when they help me with getting dressed they always say, 'Let's close the curtains', because my room is overlooked."
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance with data protection legislation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- ☐ Before people started to use the service, an assessment of their needs was carried out to ensure staff could provide them with the care and support needed.
- ☐ Care plans contained enough information for staff to provide people with care that met their needs and preferences. People's life history, likes, dislikes and personal preferences were recorded. People told us they felt staff understood their needs and care was provided in the way they wanted.
- ☐ People told us they had a care plan and contributed to the decisions made and agreed to any changes.
- ☐ Staff had a good understanding of people's daily routines and could explain, in detail, what level of care people needed and wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ People were supported to develop and maintain relationships with family, friends and others who lived in their building.
- ☐ The provider put on several events in the communal areas of the building. People who used the service as well as others who lived in the building were invited. This helped people form new friendships. Events included, a 'Pub Day', which was designed for people who could not go out to local pubs. A variety of trips to the seaside and museums were also available for people should they wish to attend. These events helped to reduce the risk of people becoming socially isolated.
- ☐ People who were unable or unwilling to attend these events were also supported by staff with activities of their own choice. One person welcomed this and said, "The staff know I like to watch the birds outside my window. They get me bird feed from the shop and then take me outside to fill the bird table, then I can spend my afternoons watching the different birds. The staff always ask me who's been today eating the feed."

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- ☐ The provider had made provisions to ensure they were compliant with the AIS. Efforts had been made to provide documentation in formats that people could understand and were personal to them. Larger font documentation was available where needed. Some documents were also available in braille for those that required them.

Improving care quality in response to complaints or concerns

- ☐ Effective systems and processes were in place that ensured complaints were handled sensitively and responded to in accordance with company policy.
- ☐ People felt confident that if they made a complaint it would be acted on by staff and/or the registered manager.

End of life care and support

- ☐ Due to the characteristics of the people currently receiving support, end of life care was not currently being provided by the care team; however, provisions were in place to support people and families should care be needed. The registered manager told us they planned to have more detailed discussions with people about this element of care to ensure their needs could be met when needed. The regional manager informed us work was currently being carried out by the provider to support this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The registered manager and staff had a clear understanding of their role and how this contributed to the good level of care people received. Care was provided, and the service was managed, in accordance with regulatory requirements.
- ☐ Quality assurance processes were in place that were designed to assist the registered manager with assuring them and the provider that the care provided for people was of the required standard. Staff competence was also regularly assessed to ensure staff provided people with the care they needed.
- ☐ The provider carried out audits to assure itself that this service continued to provide people with a good level of care. The registered manager was held accountable, to the provider, for the performance of the service. Our findings throughout this inspection confirmed the quality assurance processes were effective and the service continued to be well managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- ☐ People spoke positively about all aspects of this service.
- ☐ People liked living at the service and staff liked working at the service. The positive approach and influence of the registered manager and the provider meant there was positive, empowering and person-centred culture at this service.
- ☐ Staff provided care in line with the provider's aims and values. These were, 'We care, we listen, we strive, we build'. This ensured people consistently received good outcomes in relation to their health and safety.

Continuous learning and improving care

- ☐ There was a clear focus on continuous learning, improving care and learning from and acting on mistakes.
- ☐ The provider took an active role in supporting the registered manager. The registered manager had been promoted from various roles within the service and carried out their role effectively. They received guidance when any accidents and incidents had occurred and agreed actions were in place and reviewed to ensure this did not affect the people they cared for. ☐
- ☐ Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility

to be open and honest with people when something goes wrong

- ☐ The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People, relatives and staff were provided with the opportunities to give feedback about their care. Staff felt able to raise any issues with the registered manager and felt any concerns would be acted on.
- ☐ We found positive feedback from questionnaires provided to people and their relatives. Opportunities were given for feedback in several key areas of care including; privacy, punctuality, communication and being involved with decisions.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all. This included professionals based at the location who provided people with a variety of support to regain their independence.