

Comfort Call Limited

Comfort Call - Kilbourn House

Inspection report

Kilbourn House
Newlyn Road
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Tel: 01912846715

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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

About the service

Comfort Call – Kilbourn House is an extra care scheme providing care and support to older people living in their own flats in one larger building. There were 36 people in receipt of personal care at the time of inspection.

People's experience of using this service

People felt safe in a secure environment they had settled in. Staff were knowledgeable about the risks people could face and the action they would take if abuse was suspected.

Staff were well trained and well supported through regular themed supervisions and appraisals.

Continuity of care remained strong, with a low turnover of staff. The nature of the service meant there was little chance of missed calls or unexpected staff providing care and support. Rota planning was effective and arrangements were in place to prevent delays and missed calls. People confirmed staff were never late and stayed for the appropriate amount of time.

People were respected and treated with dignity by staff who knew them well.

Care plans were sufficiently detailed, person-centred, and with input from external health and social care professionals. People were involved in their care planning and review.

The service enabled independence in that it bridged a gap between people living on their own at home and people moving to a residential care service. Most people felt the service did this well. Some people felt the service was missing opportunities to strengthen community links, engagement and activities.

We have made a recommendation about this.

The service was well-led and there were clear lines of accountability in place for when the registered manager was away. Staff felt supported and confirmed the culture was one in which they could raise concerns or suggestions.

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

Audits at a local level, regionally and by the provider's national quality assurance team helped ensure quality standards were maintained and people remained safe.

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

Rating at last inspection

Good (last report published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 - Kilbourn 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 one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

Not everyone using Comfort Call – Kilbourn House receives a regulated activity. The Care Quality Commission (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.

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 visit. We needed to be sure the registered manager or suitable deputy would be at the office.

Inspection site visit activity started and ended on 21 October 2019. We visited the office location on 21 October 2019 to speak with people who used the service, see the management and office staff and to review care records and policies and procedures.

What we did before the inspection

We reviewed information we held about the service. We contacted the local authority contracts and safeguarding teams for any information they held about the service. We used their feedback to inform the planning of this inspection.

The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 10 people and four relatives. We spoke with staff: the area manager, a deputising manager from another service, a service manager and three care staff. The registered manager was on leave at the time of inspection. We looked at five people's care plans and information relating to staff training, medicines management, rotas, recruitment and the management of the service.

After the inspection

We contacted three external health and social care professionals.

Is the service safe?

Our findings

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

At our previous inspection we rated this key question as good. At this inspection the key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse by well trained staff and clearly established systems.
- People told us they felt safe. They had ready access to pendants and other assistive equipment to keep them safe. One person told us, "It's secure here, I think the staff are on hand if you need them. I have a call bell in the flat and a neck pendant which I wear so I can press for help if I needed."
- Staff were knowledgeable about types of potential abuse and what action to take.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were sufficiently assessed and monitored. Risks assessments were detailed and gave staff practical instructions on how to minimise risks.
- Safeguarding incidents and accidents were recorded and analysed to highlight if there were any themes or trends. These records demonstrated openness and transparency on the part of the provider and we saw external stakeholders had been involved where any concerns were identified.
- There was a culture of learning lessons from previous incidents. The provider analysed serious incidents locally and produced case studies and learning guides to improve safety. Staff had received bespoke additional training regarding choking and medicines administration following incidents in other regions.

Staffing and recruitment

- Recruitment procedures remained in place to help ensure suitable staff were employed.
- Rota planning was well managed and did not involve travel time given all staff worked on site. This also meant the risks of missed calls were minimal (there had been none recently).
- Should staff encounter an emergency or require extra support there were out of hours arrangements in place.

Using medicines safely

- Medicines were managed safely and in line with current good practice. The management team were proactive in identifying when there was a risk of over-medicating and liaised well with GPs to reduce this risk.
- Regular audits were in place as were themed supervisions and regular refresher training to ensure staff competence.

Preventing and controlling infection

- People were protected from the risk of infection. Staff used gloves and aprons to help prevent the risk of cross infection.

- Staff had received infection control training and there were plans for staff members to become champions in this area.

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were suitably skilled, trained and supported. They received mandatory training and annual refresher training. The provider identified the need for improving knowledge across the service and rolled out additional training where relevant.
- There was an effective supervision and appraisal system in place. Supervisions were themed to ensure key areas of learning and legislation could be reviewed. Staff told us they felt supported and had confidence through the training they received. People and their relatives expressed confidence in the staff supporting them.
- People's needs were assessed promptly and in line with good practice. The area manager demonstrated a good awareness of recent best practice developments in health and social care and these were incorporated into training plans.

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

- Staff were knowledgeable about people's nutritional needs and sometimes helped people to prepare meals. Most people used an onsite café for lunch.
- Care plans included information about people's dietary requirements and their likes and dislikes. For instance, where one person was diabetic and sometimes made poor meal choices, staff were clearly instructed to encourage them to try healthier alternatives.

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

- Staff understood the need for joined up health and social care. They supported people to access healthcare services.
- External health and social care professionals provided positive feedback about staff knowledge and preparedness. One said, "Brilliant...they bridge the gap between independent living at home and residential care."

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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, applications must be made directly to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- People told us that staff asked for their consent before carrying out any care.
- People confirmed they made their own choices in terms of day to day living and bigger decisions.

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 the key question remained good. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The nature of the service was focussed on people being independent in their own flats, on one site. Most people we spoke with found this meant they were able to find a balance between enjoying time on their own and meeting other people. One said, "I like to mix with the other tenants."
- Staff turnover was relatively low and people felt they had got to know staff well. People had clearly formed strong bonds with staff they had got to know well. People told us, "The staff are great. They are all very sociable and make conversation with you - you can have a joke or two with them and they are always pleasant and cheerful," and, "Staff are lovely, very friendly and kind -there when you need them."
- People spoke positively about how they had settled and felt at home. Relatives confirmed they were always welcome.

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

- Feedback was uniformly positive about the patience, support and respect shown by staff. One person said, "All staff here are brilliant and always make time for anything you need," and another, "The staff are amazing and always do what they can for you."
- Staff spoke in a caring manner about the people they supported. They demonstrated a warmth and commitment towards making people feel at home.
- People's religious needs were understood by staff and people were encouraged to share preferences. A local church visited regularly to give communion.

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

- People told us they were actively involved in making decisions about their care. Whilst there was no tenants' forum at the time of inspection people confirmed they were regularly encouraged to provide feedback about the service. Advocacy information was available for people to ensure they had additional access to advice and support.
- Care plans were written in a person-centred style, with people and, where appropriate, their relatives.

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 good. At this inspection the key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was agreed in advance and informed by relevant information from the referring organisation.
- Care plans documented people's likes and dislikes and were sufficiently person-centred. Most people who used the service did not need long or intensive support from staff. They confirmed staff always completed all the tasks they had as part of their care plan. Care plans were goal orientated, although the majority of these goals were regarding day to day living and short-term care goals.
- People felt they had choice and control of their basic care needs. There was a consensus of opinion that the service felt less focussed on encouraging people to try new things or gain independence than in previous years.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. There was a complaints procedure in place, made available to people in a range of formats. All people and relatives we spoke with confirmed they knew how they could raise a concern if they had one.

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 registered manager was aware of, and acted in line with, the Accessible Information Standard (AIS).

- Where people had sensory impairments this was clearly documented in care planning documentation and staff were able to communicate well with people.
- The area manager and care manager demonstrated a good awareness of the AIS and were able to provide care information to people in other formats should it be needed.
- Care plans contained information about people's communication requirements.

End of life care and support

- Staff received end of life care training. The area manager had worked with external nurses to better prepare the organisation for when people reached the end of their lives.

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 our previous inspection we rated this key question as good. At this inspection the key question remained good. 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

- All staff we spoke with had a shared understanding of the strengths of the service and how they could best support people.
- Staff took pride in their work and worked well as an experienced, settled team. Morale was good and turnover low. One staff member said, "I really like it here. The staff team is nice, we have the odd disagreement like most teams do, but I always speak my mind about anything and talk to the Manager as well about anything. The tenants are all lovely here. It is a great place for anyone to live."
- The registered manager was on leave at the time of inspection but there was ample support in place from another scheme manager and the area manager. People said of the interim management arrangements in place, "The manager is great and a very nice person, down to earth and always listens," and, "The manager is really nice and seems to have an open-door policy where you can go and chat if you wish."
- Auditing and reporting arrangements regarding all aspects of the service were clear, with strong local and national support in place.

Working in partnership with others; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service continued to work well with local health and social care professionals.
- There were some community links in place but this was an area the provider agreed they needed to improve. Currently there were visits from a school at festival times, such as Christmas, but there was little other ongoing or spontaneous community involvement. This was a missed opportunity given the provider intended the care model to bridge the gap between independent living at home and residential care. We recommend the provider review its community engagement plans and ensure there is a clear strategy for ensuring people have greater opportunities to access their community.

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

- People, relatives and staff were engaged and involved in the service through surveys, reviews and from a management who were willing to listen to suggestions.
- All people we spoke with and their relatives were happy with the accessibility of and communication from office staff.

