Comfort Call Limited

Comfort Call Sheffield

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Overall summary

This inspection took place over three days on 27 November and 1 and 2 December 2014. Forty eight hours notice of the inspection was given.

Comfort Call (Sheffield) provides personal care to people living in their own homes in the Sheffield area. Its office is based just outside Sheffield city centre. The agency currently provides care for people whose main needs are those associated with older people but also supports people with other needs such as a physical disability.

At the time of our inspection the service were supporting 374 people. Forty eight hours notice of the inspection was given because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. As part of the inspection, we visited four people in their homes and spoke with them and two of their relatives. We also contacted 24 people who used the service and nine relatives over the telephone. We then visited the offices and spoke with the registered manager, the regional manager and nine members of staff, including care workers, senior care workers and care co-ordinators.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 and associated Regulations about how the service is run.

We last inspected Comfort Call (Sheffield) on 11 August 2014 and found the provider did not act upon information they had in order to improve the service people received. This was because people who used the service and their relatives told us they had made verbal complaints to the office about care issues and no-one had got back to them. Also people and relatives could not recall being sent a questionnaire about the service or anyone from the office ringing to ask about their care. We found there was no evidence to confirm people had been listened to and changes made to improve their care and support package. Staff told us they had not attended a staff meeting and were not always kept informed about changes to the service. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating that they would comply with this regulation by 1 November 2014.

When we inspected Comfort Call (Sheffield) on this occasion we did not find that the provider had taken the necessary action to make improvements in respect of assessing and monitoring the quality of service provision. We also found concerns relating to the management of medicines, requirements relating to workers, safeguarding people who use services from abuse, the care and welfare of people who used services, staffing and complaints.

We found medicines were not always given at the correct time and were not always signed for by staff.

The provider had not made suitable arrangements to protect people who used the service from abuse, by reporting concerns to the local authority safeguarding team.

The provider had not undertaken all the checks required to make sure people who were employed at Comfort Call (Sheffield) were suitable to be employed.

People told us that when they received care from staff that they knew and who knew them that care was effective but it was less so when new or unfamiliar staff visited. People said there were many days when staff they did not know came to their home and this made them feel unsafe. People who used the service told us that there was not enough continuity between the different care workers who visited them at home. People said they could not always rely on the service provided by Comfort Call (Sheffield) because it was sometimes late or was cancelled, sometimes without notice. This was partly because of a lack of staff. The provider was not complying with regulations which require the provider to ensure the welfare of people who use the service and employ sufficient staff to provide the service safely.

The provider did not have adequate systems required by regulations to quality assure the service being provided. People we spoke with felt they weren't always listened to.

You can see what action we told the provider to take at the back of the full version of the report.

People who we spoke with who had regular care workers that they knew well were pleased with the service being provided. People told us their regular care workers were kind, caring and considerate.

Training arrangements for staff at Comfort Call (Sheffield) were good. When we saw carers providing care to people who used the service we saw that they did so in a caring way but inconsistent staffing arrangements meant people using the service sometimes had care delivered to them by staff that were not known to them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

Medicine records for one person were not adequately maintained.

Three care workers did not have a completed Disclosure and Barring Service (DBS) check.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits. They were clear that this must be reported to the managers of the service, however the provider had not always notified the local safeguarding authority or the Care Quality Commission (CQC) of events where there had been an allegation of abuse in relation to a person who used the service.

Is the service effective?

Inadequate

The service was not effective.

There was not sufficient continuity of care for people who used the service, which meant people did not always have their care needs met.

People who used the service and their relatives did not receive effective communication from office staff.

Staff were trained prior to providing care and support to people who used the service. However following initial training care workers were not well supported in their job role, through regular supervision.

Is the service caring?

Requires Improvement

The service was not always caring.

People who used the service could not always be sure that the carer sent to them would be familiar with their individual care requirements.

Staff did not always maintain confidentiality.

When we visited people in their own homes we saw care workers who knew the people they provided care to well and related to them with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not responsive.

People told us that calls were sometimes missed or were later than scheduled. The provider did not always warn people if their scheduled care was to be interrupted or changed in some way.

People's care and support was not always provided as per their care plan and in line with their personal preferences.

Summary of findings

People and relatives told us when they raised any issues with staff and managers, their concerns were not listened to.

Each person had a care plan which was reviewed and updated each year.

Is the service well-led?

Inadequate

The service was not well led.

Care workers said the provider, manager and office staff were not always approachable and communication was poor within the service.

Team meetings did not take place where staff could discuss various topics and share good practice.

There were quality assurance and audit processes in place but these were not improving the quality of the service provided.

The service had a full range of policies and procedures available to staff.

Comfort Call Sheffield

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 checked 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 over three days on 27 November and 1 and 2 December 2014. Forty eight hours notice of the inspection was given. Two adult social care inspectors and two experts by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience in caring for older people and people living with dementia.

This inspection was carried out in response to concerns about the service that we had been made aware of. Due to this there was not time for us to ask the provider to complete the PIR (Provider Information Request). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service.

We also contacted commissioners of the service and received feedback from two GP's and Healthwatch Sheffield. This information was reviewed and used to assist with our inspection.

During the inspection we met with four people who used the service and two relatives. We also spoke with 24 people who used the service, nine relatives, the registered manager, the regional manager and nine members of staff, including care workers, senior care workers and care co-ordinators. We spent time looking at records, which included eight people's care records, six staff records and other records relating to the management of the service.

Inadequate

Is the service safe?

Our findings

Nine people spoken with had their medication given to them by the staff. Six people were satisfied with the system, but for the remaining three people there were some problems. People said, "when staff are late then my tablets are late and they rush me to push the tablets down" and "they are supposed to come and put cream on my legs. They are rarely on time and have occasionally missed doing this, I often have to do it myself." One relative told us, "when staff are late it does mean the medication is late being given and it is medication that needs to be given on time and we don't think the care workers make sure [family member] takes the medication."

It was important that some people had their visits at specific times so they were able to be given their medicines at the required times/intervals. We looked at the 'client rota' for two people who required 'time critical' calls for medicines. For one person it was not recorded that visits must be 'time critical' and for the other person it was not clear if the person had been visited within the agreed time. We had also been informed that two people had been placed into safeguarding procedures due to concerns about their medicines not being given when required.

We visited one person in their home where staff were responsible for administering their medicines. We looked at the Medication Administration Record (MAR) and found gaps where staff had given medicine but had not signed to confirm this. This had happened on numerous occasions and we could not find any evidence that staff who had signed for medicines had reported the gaps on the MAR to managers.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff files we viewed contained all the required information, including application forms, references and employment history. The manager told us they had an on-going recruitment process as the turnover of staff was high. Staff told us they attended a one week induction course at the agency office prior to going out on visits. Staff we spoke with confirmed they had not been allowed to work with people who used the service until the recruitment process was complete. Following induction staff were 'buddied' with a more experienced member of staff for a minimum of 18 hours, to attend visits together. The new care worker and the 'buddy' would then both have to sign to confirm they were confident and skilled to go out on visits alone.

However, the registered manager told us they had written to nine members of staff asking them to provide a copy of their Disclosure and Barring Service (DBS) check because they could not find a copy of this on file. A DBS check provides information about any criminal convictions a person may have. We found six of those staff did have DBS checks carried out by their last employer but three staff had no evidence they had competed a DBS check. Those staff were providing care to people in the community and unsupervised. We asked the manager to take immediate action to protect people from receiving care from staff that had not been fully checked out. Following the inspection one staff member was able to provide a copy of their DBS check. The two remaining staff without DBS checks were put on 'double visits' so that they were not providing care to people unsupervised.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our inspection of people's care records we found care workers had recorded concerns regarding such things as not being able to gain regular access to a person's home and a person refusing to eat. In some cases the care worker had also contacted the office to pass on their concerns. We saw evidence where the concerns raised were not reported to the local authority safeguarding team, confirming that appropriate authorities had not been informed about those incidents, to assess whether they needed investigating. People who used this service were not safe because safeguarding procedures were not always followed and safeguarding incidents were not always reported and acted upon.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager said the contract they had with Sheffield Local Authority required them to start new care packages for people as required and these had to be in place within seven days. This meant new clients could be referred on a twice daily basis which had an effect on the rotas. Care workers told us they often got calls from the office asking them to go on another visit. One care worker said, "there's too many staff that just ring in sick with the

Inadequate

Is the service safe?

slightest sniffle and too many people we don't get to at their preferred time." The registered manager told us they had one coordinator post vacant, 7 senior posts vacant and were looking to recruit as many care workers as possible. Coordinators had to keep covering visits on an on-going basis, which had an impact on service consistency and the care co-ordinators workload. The registered manager also told us there were currently 21 members of staff either on sick leave or maternity leave. This meant there was not sufficient staff to meet the health and welfare needs of people who used the service at all times.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Fifteen people we spoke with were able to tell us that overall they felt safe when care workers visited their home and provided their care. Two people said, "not always." Eight people or their family member gave information which indicated unsafe aspects of their care or a potential risk to their safety. People we spoke with told us they felt safe when they were being cared for by their regular care workers. People did not feel as safe when care workers they didn't know came to their homes. People told us, "on one day I had different care workers at each visit, I was very upset and worried that they hadn't locked the door properly before they left at night," "I do worry because I have a key safe and I get different people every day I don't know when different staff are coming and this worries me'' and "safe, they are brilliant, they are very, very nice and caring. No accidents with them." Eight people we spoke with said they would feel confident speaking to a member of staff if they were worried about anything to do with their care. One person added, "yes, but I don't hold out any vague hope that they will do anything about it. They make a note and nothing is done."

We looked at eight people's care records. Assessments were undertaken to identify risks to people who used the service. These included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the risk of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. We saw that one person required the use of a hoist. The person's relative told us staff were trained and competent when using the hoist and that their family member felt safe when being transferred in the hoist.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. Care worker's handled small amounts of money for people when they made shopping trips. Staff were responsible for signing for any money spent and change returned. Where possible people who used the service were also required to sign to confirm the transaction. We saw one financial transaction record in a log book which had been fully completed. One person told us, "I really trust the care worker with my money, they record what they've taken and brought back and always bring a receipt."

Inadequate

Is the service effective?

Our findings

Some people we met with and spoke with told us the service was not delivering care in a way that met their individual needs and ensured their health and safety. One person we met was unable to get out of bed due to a health condition. The person told us it was very important they had time specific calls as they 'slid' down the bed and became very uncomfortable. In their log book we saw their breakfast, lunchtime, teatime and evening visits were not evenly spread throughout the day. The person told us they had requested their early visit at 9am but this could be anytime up to 11am. This meant they could be laid in bed in the same position for 14 hours.

For many of the people we spoke with the effectiveness of the service was often affected by late and missed visits. People we spoke with told us, "we don't know who's coming and [friend] has to care for me when they're not coming, they can come anytime it's not good enough. Will they give me my money back for the visits they have missed?" "I have four visits a day. They often miss, I'm never left hungry but I can't carry tea so I get ready for a cuppa. Sometimes I put myself to bed," "sometimes they can really be late. They're probably late at least a couple of times in a week. The regular care worker is on time and doesn't miss visits" and "a few months ago I had really bad problems, they were not turning up on time. These last two weeks it has been pretty steady. Probably twice in the last month they have been late, it was horrendous before. One day they turned up at 11.50. It was getting that I was phoning every day and got fed up phoning."

Relatives said, "our [family member] is put to bed too early, managers don't listen, 12 hours in bed is too long and [family member] suffers with cramp and has had sore spots on their bottom and heels," "our [family member] can't get out of bed they are usually put to bed at 6-7pm and in the morning it has been as late as 11am and 12.30pm to get them up. They had a sore bottom and had to have the district nurse" and "the biggest issue is when the regular staff are not on duty and we don't think the others stay the full time. We feel they often only do the medication. Non regular care workers are not good they are short on the time and ignore the preparation of food and drink. We know because it's not written in the food log. At weekends it can be poor and one day two out of the four visits were missed."

One person we met told us they had recently attended a hospital appointment. This meant they had to get up at 6am. Staff had changed their visit time so they were ready for the ambulance to pick them up. When the care workers came to visit at tea time the person asked them if they would put them back in bed as they had been in their wheelchair all day and their bottom felt sore. The person said the care workers said they were unable to do this and they would have to wait until their evening call. We looked at the persons care records and saw the evening care workers came back after 8pm. This meant the person had been in their wheelchair for over 14 hours. We spoke with the registered manager about this and they told us there was no reason why the person could not have been put into bed at the tea time call.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service did not always provide effective care for people because there were insufficient staff. People who used the service and their relatives told us, "they seem very short staffed. I need two people and sometimes one person turns up but not the other," "the biggest issue is at the weekend when the regulars are not working, things go to pot, other staff don't stay the full time they often only do the medication and don't do the food. My family member has short term memory loss and non- regular staff ask them "what shall we do for you", they [care workers] don't follow the plan that's been written for them."

People who had less visits were the most satisfied with the service and the impact of any problems was less because in the main their needs were less urgent and not as complex or reliant on time. Several people and relatives we spoke with said the morning and lunchtime visits were usually done on time and by the same care workers. They said teatime and evening visits seemed to be covered by anyone and were very disorganised. People found the care provided at weekends a concern as often staff would ring in sick and then office staff and managers would have to go out on visits. Most people said when staff were running late they weren't informed and one person said, "even when I ring the office to ask where they are, they say they'll get back to me but they don't."

We found people who used the service were not supported to have adequate nutrition. We received a telephone call from a member of the public who raised concerns about a person who was receiving care who needed

encouragement and support to eat in order to maintain their health. The person said the care workers were not spending enough time with the person in order to encourage them to eat. We looked at this person's log book and found there were several occasions when staff had recorded that the person had refused to eat. We also saw the person regularly refused to let care workers into their home. The log book did not give any information about any action they had taken about these concerns. The log book also showed staff did not always spend the allocated time with the person and did not always record if the person had eaten or drunk on the visit. Also there was no evidence that these issues had been reported to the managers by the care workers.

We asked people and their relatives if they found it easy communicating with the office staff. They told us, "I have contacted the office, but don't get any calls returned. If they would just respond it would be useful," "generally, yes, but messages are not always responded to. I have given up on ringing now, I just leave messages with the care workers," "it frustrates me when they [office staff] are sympathetic and my husband is lying in bed at 12pm, waiting for a care worker. They are however, available when I call. We call the office every morning at 9am if they don't arrive and they usually say 'we cannot say when your care worker will be there'. They say they will call back and they never do," "no they don't return calls and when I phone the office they don't know who to pass the message onto. The care workers are great, it's just the office. The office staff need training" and "I know I was lied to once as the office said they would ring the care worker and get back to me. When the care worker came they said that no-one had rung them."

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. MCA and DoLS require providers to submit applications to the Court of Protection. The registered manager told us no

applications had been made to the Court of Protection. We saw that the provider included MCA and DoL'S training in its arrangements for safeguarding training and that staff records showed they had received this training. Staff spoken to were able to correctly describe what the act entailed and how it was used.

The service had their own training officer who provided training in the agency office. Staff we spoke with told us they had been provided with training in key topics, including, moving and handling, first aid, safeguarding, food hygiene and health and safety. We saw that certificates were awarded for successful completion of these topics and that these were recorded in the staff files as well as on the training records.

People and relatives we spoke with had contrasting views about staff training and skills. Some people thought the care workers were well trained and experienced, others thought they were not. Comments included, "staff training could be better they are not always sure what to do," "I think they need a better system of training for the care workers," "existing staff shadow new staff when they come," "I do think they need more training, they need to learn about dementia care" and "some don't know how to use the bath chair. It is simple, but young ones haven't had training" and "they always wash my feet well and seem to know what they are doing I've no worries."

Two staff we spoke with told us they had received supervision with their line manager, seven staff said they had not had supervision. Staff records showed when staff needed to be seen regarding an incident for example a medication error or for not logging in on a call they were provided with a supervision to discuss the concern. Six staff spoken with told us were not provided with a supervision where they could discuss their own issues for example their work and their training needs. We spoke with the manager and regional manager about staff supervisions and not providing appropriate support to staff in relation to their responsibilities. The manager said he was aware that not all staff had received the required number of supervisions, but said where there had been issues regarding a member of staff's work performance, they had been supervised regularly. The manager told us that as the service had only started operating in April 2014 no staff had completed an appraisal. The manager said the plan was that all staff would have an appraisal by the end of March 2015.

Requires Improvement

Is the service caring?

Our findings

People did not always find the service caring because they could not be guaranteed consistent staff who knew them and understood their preferences and needs. When we spoke with people about the standards of care, for most people the overriding issues were the lateness of staff, missed visits and poor management of the service. It was difficult to get beyond this but on the whole they were satisfied with the attitude of the staff and treatment they received from their regular care worker when they visited.

People said care was not good and staff less caring when an unfamiliar care worker was allocated, which was usually at the teatime and evening visits and weekends. This was confirmed when we examined a sample of rotas. People told us, "new care workers arrive but they do not know where anything is. One day I had eight different care workers, I even had to tell them how to switch on the washing machine, I felt exhausted by the end of the day," "I am not sure who might be coming, a strange face, as on Monday. A lady came on Monday and said I have been once, but I am not sure that I will be coming again," "we didn't know who we were having. The carers varied, until just recently" and "I am supposed to have a regular carer, but unfortunately they are not regular. I had one carer and they took them off my route. When the regular care worker is off we get anybody at any time. It happened yesterday."

Relatives told us, "the regular care workers are fine but fifty percent are not regulars and the care is poor. They don't stay the full time and often only do medication and not the food," "I had to show the care worker what to do," "the service is seriously erratic. The care workers are lovely, very kind, respectful and do what we want but they are very short of staff at the weekends. We asked if they would not send male care workers as [family member] is not comfortable with them but when they are short of staff especially at night they send them and we can't do anything as [family member] needs to be put to bed."

We visited four people in their homes and talked with two relatives as well as observing how care workers related to people who used the service. On the day of our visits one person was receiving care from care staff that they knew well. We saw the care workers treated the person with respect. We saw they considered privacy and dignity when talking with the person and explained what they proposed to do. One relative told us, "the two regular care workers are brilliant. They know exactly how to care for my [family member]."

People were most satisfied with their care when they had a regular care worker who they knew. Those people told us, "I have no worries about the standard of care the staff are very kind and considerate," "the care is adequate but nothing spectacular," "my regular care workers are not late. They are kind, respectful and I feel safe they know what they are doing, but about once a month when I get a relief they are late and the managers don't let me know it's going to be a relief," "the care workers are better than the management, they are not good. I have a male care worker and he is very good I'm quite happy to have male care workers," "the care workers are all very kind and do what's needed. They always ask what I want, but I would like to change as they are very unreliable," and "the care workers are two of the finest in Sheffield, very helpful, very pleasant and one is like a little ray of sunshine. I am highly delighted with them. I couldn't wish for better care workers if they were my own family. If the management were half as good as the care workers they would be the best in Great Britain."

The majority of people and their relatives told us they felt the care workers treated them or their family member respectfully and with dignity. People said, "they always cover me over when giving personal care," "I have no problems with the service, the care workers are all very good, very kind and respectful," "staff are very good. I mostly get the same people they are really kind and respectful" and "they talk to [family member] all the time and make him feel comfortable. There are always plenty of towels and they cover him half and half."

During one home visit the relative of a person who used the service told us information about another person who used the service. The relative told us they had been given this information by a care worker. This meant staff were not always respecting people's rights to privacy, dignity and confidentiality.

We spoke with nine staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, any recent changes to their health and well being and what they liked and disliked.

Care plans seen contained information about the person's preferred name and identified the person's usual routine

Requires Improvement

Is the service caring?

and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Log books were kept in each person's house and contained a note of what had happened during each visit with information about any medicines or nutrition taken. We found gaps in the log books where staff had not recorded the time they arrived at the person's house and the time they left.

Requires Improvement

Is the service responsive?

Our findings

The service was not responsive because it was not reliable. People could not be assured that the service from Comfort Call (Sheffield) would provide them with care as agreed. Similarly concerns and complaints were not always acted upon and flexibility to changing needs was limited. People told us, "'we made a request for an early call for 8am and they came at 11am and we had made the request two days earlier. We can't make any arrangements as they don't accommodate any requests. They never get back to us. They put [family member] to bed to early but they don't listen, 12 hours in bed is too long," "we try to put feedback to managers through the care workers, we've asked for an early call tomorrow, I think I may have got through but they seem very disorganised and with too much work to do," "I sometimes phone and cancel them but they still come. They [office staff] don't pass on the message. The office staff don't listen, I'm sure lots of others will complain it's a poor service," "I rang the office to make a complaint regarding rushing me with my tablets but they don't listen to us when we call the office" and "no-one phones back. Can't tell you exactly, but nobody ever gets back to me. I ask them to ring and they say 'yes' and they never do. Then they say that they have rung me back and they haven't as I check my missed calls."

The complaints policy and procedure was in the 'service user guide' which people were given a copy of when they started using the service. People who used the service and relatives told us when they had complained to the service about such things as late calls and missed medication, things had not improved. People told us, "with any complaints nothing really happens," "you can complain as much as you like to the people in charge but they're never there and they don't take any notice anyway," "the manager came twice, full of apologies, said they would get it right, but nothing changed" and "no, my problem did not get sorted out."

This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people and relatives we spoke with told us the service was responsive to their needs. They said, "I get quite a good response when I call the office about anything," "I do phone the office sometimes to change the service. They are usually pretty good and able to respond, I've no problems," "they will accommodate any requests we make to change the visits if [family member] has to go for hospital visits etc. We've never had a problem [family member] has a say in what she does and what she needs," "I phoned the office to change the meal service. It took a while to get it sorted but I think they would try to accommodate any requests if they could" and "I've never seen the office staff but I've never had any cause for complaint."

We looked at the services compliments and complaints book. Since the last inspection in August 2014 the service had received ten compliments from people about the standard of care and support they were providing. They had received 36 complaints, which were in the main regarding unsatisfactory care, missed medication and late/ missed visits. The registered manager had responded to all the complaints, some were resolved and others remained outstanding. The registered manager had also made Sheffield local authority aware of all of the complaints.

Inadequate

Is the service well-led?

Our findings

The manager of the service had been in post since April 2014 and was registered with CQC. At the last inspection on 11 August 2014 we found that the service did not have an effective system to regularly assess and monitor the quality of service that people received. This was because care workers told us they had not had any spot checks. Also people who used the service and their relatives told us that communication with the office staff was poor. Most people and relatives could not recall being sent a questionnaire about the service or anyone from the office ringing to ask about their care. A few people could recall being sent a questionnaire, but no-one could recall being sent any feedback from the questionnaire, or being informed about any changes made as a result. We asked the provider to send us an action plan telling us what action they would take to make improvements in the assessment and monitoring of the quality of service that people received. We found measures put in place to improve the service had not been met.

Seven staff spoken with said they had not had a spot check. A spot check is when a senior member of staff attends a visit with a care worker to observe their work practices to report on such items as timekeeping, appearance, and how the care worker related to the person using the service. The manager told us that every member of staff received at least one spot check per year. We saw records of spot checks completed and found these were often carried out by senior care workers when they were out on a double visit. This meant the care workers had not recognised these as a spot check and senior care workers were not providing feedback to the care worker about what they had observed/found. People using the service were also unaware that this was a spot check and they weren't asked for their input regarding what they thought about their care and care worker. Most people did not feel satisfied with the way their views about the service were dealt with. They said if views were given they were not always acted upon.

Only a small minority of people we spoke with expressed a view that they were happy with the way the service for them or the person they cared for was managed. The majority of people were not satisfied with how the service was managed and had experienced a poor or no response from managers when they had contacted them. People told us, "the service seems very disorganised. I think they've too much work to do. They suddenly get an influx of new people to see to and it's all change. They phone care workers during their visits to change their rota," "I phone the office and they say someone will ring back but they never do. I've made two complaints to social services but it's made no difference, they are very short of staff at the weekends. The staff are under pressure and managers phone the care workers during their visits to give them other work to do," "it's a poor service from the management point of view. They called the care worker eight times whilst they were with me the other day to give more visits. The care worker turned their phone off in the end. The service is very unreliable I would like to change," "the management in the office is the biggest problem. What they say never happens" and "the office staff don't listen."

The area manager explained the systems in place to assess and monitor the quality of the service. They said the internal auditing of the service covered many areas, for example, complaints, disciplinary issues, accidents, safeguarding, missed visits and medication errors. We saw copies of the audits which were completed each month by the manager. Many of the actions identified had been carried over to the following months report and recorded as 'on-going'. Issues had not been analysed to identify themes and trends so that an effective action plan could be put in place. This meant regular assessment and monitoring of the service had not taken place, which could have put the health, welfare and safety of people using the service at risk.

The manager showed us how they monitored the promptness of calls. We were told that the provider's computer system compared the care workers' log in times with the rota and raised an alert if these differed. The provider told us every call that was not logged was followed up and that they were able to monitor these alerts during all the hours that it provided a service and take action appropriately. The concern with this system was that a number of staff were failing to log in and then the system would not alert office staff that a visit was late or missed. The manager told us staff who failed to log in were being seen in supervision and that they were being told if they continued to not log in further action would be taken. We saw recorded evidence of this.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Inadequate

Is the service well-led?

We saw that the provider already had a computerised incident management system on which they recorded key events. We saw that this was being upgraded to allow better analysis of these so that lessons could be learnt. The provider told us that the new system would be "more integrated" and would be "proactive rather than reactive".

We asked people who used the service and their relatives if they were ever asked to comment on the quality of the service they received from Comfort Call (Sheffield) by means of a survey or questionnaire. Most people could not remember and one person said, "every six months I think they do a survey but no one ever looks at it, they don't follow the information we've given them."

The provider told us a quality survey was carried out within the first six months of the service commencing and actions had been put in place following listening to people's comments. The provider also told us that in addition to this at every quality assurance visit and telephone call to people who use the service people are asked to comment on satisfaction and this is held as a continuous up to date review of the service.

The registered manager showed us the results of a recent quality assurance exercise, whereby 335 people had been telephoned and asked how they rated the overall quality of the service. One hundred and twenty people said very satisfied, 118 people said satisfied, 75 said neither satisfied or dissatisfied, 16 said they were dissatisfied and 6 people said they were very dissatisfied. The manager said a further survey was going out to people in December from head office, that people could complete anonymously.

Some people felt that the service provided by Comfort Call (Sheffield) had begun to improve. People said, "at the moment we are lucky as we are tending to get the regular care workers," "they are always good with my medicines and I feel things are safe," "they have picked up over the last month" and "things have improved over the last two weeks, but I am not sure why."

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: People who use the service were not protected against the risks associated with the unsafe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: People who use the service were not protected because the provider did not always operate effective recruitment processes to ensure that people were suitable to work in the service.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse How the regulation was not being met: People who used the service were not safeguarded against the risk of abuse because concerns were not always responded to appropriately.

Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

There were not sufficient numbers of suitably skilled and experienced staff in order to safeguard the health, safety and welfare of people who used the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints How the regulation was not being met: There was not an effective system in place for identifying, receiving, handling and responding to complaints made by people using the service or persons acting on their behalf.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: People who use services and others were not protected because the provider did not always operate effective processes to monitor and assess the quality of service provision.

The enforcement action we took:
Warning notice

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: The delivery of care did not always meet peoples individual needs and ensure their welfare and safety.

The enforcement action we took:
Warning notice