Care Quality Commission

Comfort Call Limited

Comfort Call Tameside

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The last inspection of Comfort Call Tameside was carried out on 27 February 2014. The service met the regulations we inspected against at that time.

This inspection took place on 13, 14 and 19 August 2015. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

Comfort Call Tameside provides care and support to people who require the services of a domiciliary care agency. The offices of the agency are situated in the Tameside area of Manchester.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were required

Summary of findings

to the way in which management of medicines was carried out. Medicine records were not always completed. You can see what action we told the provider to take at the back of the full version of the report.

Although a system was in place to audit how the service was operating, the audit to review the way in which medicines were managed within the service was not as effective as it should have been, and improvements were needed.

People we spoke with told us they felt safe with the staff that visited and supported them. Staff completed training in safeguarding adults as part of their induction training which was then refreshed on an annual basis.

Both people using the service and relatives we spoke with said that staff had the knowledge and skills to do a good job.

People were very positive about the caring and compassionate nature of the staff that supported them. They told us that their privacy and dignity was maintained when being supported with personal care tasks. People who we spoke with also told us that they were always asked for their consent before care staff carried out any particular care or support tasks.

Staff were provided with and had access to, information to help them deliver care and support to meet the identified and assessed needs of the people using the service.

There was a recruitment and selection process in place that helped the employer to make safe recruitment decisions when employing new staff. The staff we spoke with confirmed they had received an induction and relevant training when they started their employment with the agency. Records indicated that training was then regularly updated for each member of the staff team.

We looked at the complaints records kept by the agency. Each complaint that had been made had been logged individually and we saw that a total of 13 complaints had been recorded since the fifth of January 2015. A complaint investigation report had been completed which detailed the summary of the complaint, investigation methodology, findings and corrective and preventative actions.

The provider had used annual survey questionnaires to gain people's views about the quality of service being provided.

We saw there were policies and procedures available to support, inform and guide staff and people using the service.

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?
The service was not always safe.

Systems were in place for people to receive their medication in a timely manner, but we found the service had failed to accurately record medicines administered.

We found recruitment and selection processes were robust and helped the employer make safe recruitment decisions when employing new staff.

People using the service told us they felt safe when being supported by staff.

Requires improvement

Is the service effective?
The service was effective.

People told us that staff always asked for consent before providing any care tasks. Staff had an awareness and basic understanding of the Mental Capacity Act 2005.

Staff receiving training to help them fulfil their caring role.

Where people required assistance and support with preparing food, staff had received basic food hygiene training to enable them to support people effectively in this area.

Good

Is the service caring?
The service was caring.

People using the service were positive in their views about the caring nature of the care staff supporting them.

Staff we spoke with were able to describe how they promoted people's dignity and respect when providing individual care and support.

People felt they were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People had an individual assessment of their needs conducted before any service was provided to make sure those needs could be met.

Staff responded to people's needs in a timely manner.

People knew how to raise a complaint if they had a concern or were unhappy with any part of their package of care.

Good

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

There was a system in place with which the provider checked the quality and safety of the service being delivered to people but effective action was not always taken to address shortfalls, for example, medication administration records, in a timely manner.

Some people using the service, who we spoke with, were not always informed if their carer was going to be late delivering their service.

There was a registered manager in post and staff told us there was a positive culture within the service and that all staff worked well as a team.

Comfort Call Tameside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13, 14 and 19 August 2015 and was announced. We contacted the registered manager two working days before our visit and told them of our plans to carry out a comprehensive inspection of the service. This was to make sure that the registered manager and any relevant staff would be available to answer our questions during the inspection process.

The inspection was carried out by one inspector.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

To assist with our inspection we asked for some information from a local health and social care professional who had been involved with the service.

Before our inspection visit we reviewed the information we held about the service. No concerns had been raised about the service.

During the inspection we spoke with seven people on the telephone, with their pre-requested permission, and the relative of one person using the service. We spoke with the registered manager, the clinical and support manager, the administrator, one senior carer, eight carers and two care co-ordinators. We looked at the care files of six people and the personnel and recruitment files of eight staff.

Requires improvement

Is the service safe?

Our findings

The provider had a comprehensive medicines policy and procedure in place which clearly set out the procedure staff should adopt when supporting people with managing their medicines, where this was part of their individual care plan. We also saw that staff had undertaken e-learning training to support people to take their medicines safely and that this training was refreshed on an annual basis. Of the four people who we spoke with on the telephone about medicines, only one said they received support to take their medicines as part of their daily care plan. They told us that they felt the staff assisted them to take their medicines safely and in a correct manner.

We checked a copy of the care records held in the office for this person which clearly set out details of the medicine the person was prescribed and what support was required from staff to enable this person to take their medicines safely and in a timely manner.

Medication administration records (MAR) were used to record when people had been supported to take their medicines. We found that completed copies of MARs brought back to the office for archiving, had not always been completed correctly. All MAR's seen had been hand written by the staff, but details of each individual medicine had not been recorded or described. On two of the MAR's we looked at it simply stated to take medicines 'as instructed'. This meant that accurate records of medicines either prompted or administered to people were not being maintained. We also found gaps on the MAR's where staff had not signed to say medicines had or had not been administered, with no explanation in the daily record to say why this had occurred. Abbreviations (key) were available for staff to use to identify any reason why medication had not been administered, but we found that staff had not always used these correctly which meant it was not possible to tell if someone had been provided with their medicines or not.

When asked, the registered manager told us that most medicines were provided for people in a monitored dosage system. A monitored dosage system has individual compartments containing medicines for specific times of day.

The registered manager told us that the safe management of people's medicines was an on-going issue as staff did not always follow policy guidelines. The safe management of people's medicines was an item regularly addressed with staff during one to one supervision and at staff meetings. We saw the minutes from the latest staff meeting held in August 2015 which confirmed a discussion took place about some staff members not completing MAR's properly at each visit and not documenting the assistance to the person using the service appropriately. The registered manager confirmed that, in future, disciplinary proceedings would be taken should staff fail to manage the administration of people's medicines safely and in accordance with agreed policy and procedures.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with on the telephone told us they felt safe with the staff who visited and supported them in their home. One person said, "We definitely feel safe when the staff come into our home, their nature is very caring and we always know which staff are coming." Another person told us, "I have no concerns at all about any of the staff that visit me. They are all lovely and caring people and look after me well."

Policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm and reporting any incidents appropriately. Our discussions with the registered manager confirmed they were fully aware of the local authority's safeguarding adult's procedure and the action to be taken to report incidents appropriately and any participation that might be required in investigating concerns.

Staff who we spoke with were confident that the service they provided to people was appropriate and safe and they demonstrated a clear understanding of their role and responsibilities in making sure people were safeguarded. They told us they had received safeguarding training and this was confirmed by the training records and certificates that were provided to us. They could identify the signs and types of abuse and were also clear about what to do should they have any concerns. A whistleblowing policy was also in place which told staff how they could raise concerns about any practice they felt was unsafe or inappropriate. One member of staff told us, "I have done this [whistle blew] at another place I worked at, so would have no hesitation in doing it again if I needed to."

Requires improvement

Is the service safe?

We also saw evidence of a safeguarding concern that had been raised directly to the local authority safeguarding team and to the Care Quality Commission. We saw that the registered manager had responded to the concerns raised in a timely manner and addressed the issues raised with the relevant care workers.

Before people received a service from the agency, the registered manager or one of the care coordinators would carry out an assessment of the person's individual needs. This assessment also included any risks to the person's health or safety. For example, where it was assessed a person needed assistance with their mobility, it was identified how many staff were needed to support the person safely and the use of any mobility equipment. The person's home environment was also subject to an assessment for potential risks to the person or staff supporting them. The risks assessments were checked on a monthly basis to make sure they were still relevant or required updating. This meant that the agency took steps to make sure people's assessed needs were met by appropriate numbers of care staff.

Accidents and incidents were monitored by both the registered manager and care coordinators. Any accidents or incidents taking place during the delivery of care were reported by the care staff to the office staff and the details of the accident or incident were then recorded on the computer system. This system was monitored on a regular basis by the operational manager for the service for any trends. Any trends found would then be discussed with the registered manager during their one to one supervision with the operational manager.

The provision of staffing for the service were determined by the number of people using the service at any one time and their individual needs. For example, if a person required two staff to assist with mobility needs, two staff were always provided. At the time of our visit an ongoing recruitment programme was taking place in the local area.

The registered manager and staff we spoke with said enough staff were employed to meet the needs of the people being supported by Comfort Call at the time of the inspection. The people and their relatives we spoke with also told us they felt enough staff were available on a consistent basis to carry out planned visit. However, one person said they were not always notified if their usual carer was not going to be visiting them as planned. They told us, "All the staff are very good, but sometimes if a different carer comes they don't always know what to do and you have to start telling them."

Our group and individual discussions with staff indicated that a consistent recruitment and selection process was in place. We looked at eight staff personnel files which contained all relevant documentation to demonstrate that appropriate checks and pre-employment checks had been conducted before new staff began working for the service. These included interview records, job application forms, two written references (one being from the person's last employer), and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record check on people who apply to work with vulnerable adults or children. Such checks help employers to make safer recruitment decisions. Staff we spoke with confirmed that face to face interviews had taken place and they were subject to satisfactory checks being completed before they were allowed to start working for the agency.

The registered manager told us that all staff were provided with personal protective equipment (PPE) such as disposable vinyl gloves and plastic aprons, to minimise the risk of cross infection. People who used the service, who we asked, confirmed that staff always used PPE. Staff we spoke with also confirm this and said that PPE was always available and provided to them whenever they requested it. Staff training records indicated, and staff spoken with confirmed, that infection control training had taken place.

Good

Is the service effective?

Our findings

Both people using the service and relatives we spoke with said that staff had the knowledge and skills to do a good job. One person told us, "I cannot fault the staff that come to me. They certainly know what they are doing and seem to know a lot about the job." One relative commented, "The care staff follow the care plan and regularly review it. They are very good and compassionate with [person using the service]." Another person using the service told us, "They [care staff] carried out a re-assessment the other day to make sure the right help I need was still being given. That's what I call a good service."

People we spoke with told us they were aware they had a care plan and that they felt they (or their relative) were included in any discussions about their care and support. One person said, "The minute I'm a little under the weather the girls [care staff] report it to the office and they can't do enough for me, it's wonderful."

Staff personnel records and discussions with staff demonstrated staff had undertaken an induction to the service when they first started working for the agency. They also told us that they linked to an experienced member of staff to shadow until they felt settled and confident in their role. Records seen, and training certificates on file, indicated that staff participated in training that enabled them to carry out their job roles effectively. All the staff we spoke with told us they felt they had received an appropriate level of training which included, health and safety, principles of care, moving and handling, first aid, infection control, safeguarding, administration of medicines, food hygiene and dementia awareness. The registered manager used a computer-based system to monitor the training individual staff had participated in and the system also automatically highlighted when refresher training was due.

One member of staff we spoke with told us, "The training I've done with Comfort Call is the best training I've ever done, and it's intense."

Where people using the service required support with particular needs that involved using equipment such as peg-feeding machines, we saw evidence and staff confirmed that training had been provided by specialist trainers in Bolus Feeding (peg-feeding). Only staff who had received such training were assigned to a person who required support with this part of their care plan. A number of staff had received such training to provide back-up should a regular carer not be available for any reason.

We discussed the future training needs of the staff team with the registered manager who was aware of the new Care Certificate introduced in April 2015. This certificate has been developed to help raise the profile and status of people working in care settings. The Care Certificate consists of 15 standards that include, Understanding Your Role, Your Personal Development, Duty of Care, Equality and Diversity, Work in a Person Centred Way, Communication, Privacy and Dignity, Fluids and Nutrition, Awareness of mental health, dementia and learning disabilities, Safeguarding Adults, Safeguarding Children, Basic Life Support, Health and Safety, Handling Information and Infection Prevention and Control. Although the Care Certificate is designed for new staff, new to care, it also offers opportunities for existing staff to refresh or improve their knowledge.

Staff we spoke with told us they felt supported in their role and that there was always at least one member of the management team available, either in the office or on-call to discuss issues or concerns with. They also told us that they felt well supported by the registered manager and comments included, "We have a very good manager, relaxed but firm when needed", "Deals with things swiftly, such as safeguarding matters", "The manager is very approachable, understanding and has an open door policy" and "I feel very supported by the manager, you can go with any concerns and you will be listened to and helped."

Records seen indicated that staff received formal one to one supervision as is necessary to enable them to carry out the duties they are employed to perform. Staff spoken with confirmed this and also confirmed that they received an annual appraisal of their work. We also saw that staff received themed supervision sessions which included topics such as safeguarding, medication and care planning. This meant that staff were being supported in their work role and with their individual personal development.

Staff who we spoke with demonstrated an awareness and basic understanding of the MCA and DoLS and their role in supporting people using the service to uphold their rights and to maintain their capacity to be involved in making their own decisions. Training records seen indicated that

Good

Is the service effective?

some, but not all staff had completed MCA and DoLS training. The registered manager told us that it was their intention to make sure all staff received this training on an on-going basis.

People using the service, who we spoke with, told us they were always asked for their consent before care staff carried out any particular care or support tasks. One person told us, "They [care staff] always ask me if I am happy for them to do things for me, which I am. They always listen to what I say and do whatever I ask of them."

Care records we looked at contained signed copies of people's consent to the support and care to be provided by the service. Such documentation indicated that people and / or their representative had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered / provided.

Care records seen indicated that some people using the service required assistance with food preparation. Training records showed that care staff had completed basic food handling / hygiene training to enable them to appropriately support people. Staff we spoke with told us how they had to monitor some people's dietary intake which was recorded on food charts in the person's home. Care staff told us that sometimes it was a matter of making and leaving a light snack and drinks for a person to have between visits. This would then be checked on the next visit and any concerns recorded and reported to the office. This was confirmed by one person we spoke with who received such support.

Information in some of the care records seen showed that staff had taken action if the person using the service was unwell. Following consent from the person, staff contacted the persons relative or own doctor to make sure that health concerns could be checked and any necessary action taken. In one daily communication record we saw that a member of staff rang the coordinator back at the office following a visit to a person using the service. The staff member was concerned that the person appeared unwell and the coordinator rang the person and spoke with them. They also got the person's consent to request a doctor's visit on their behalf.

Good

Is the service caring?

Our findings

As part of our inspection process we spoke with seven people using the service on the telephone and one relative. All the people we spoke with were complimentary about the care staff that visited and supported them. They told us that staff were obliging, respectful, kind and compassionate and supportive. One person told us, "We are extremely pleased with the service. The girls [care staff] know what they are doing and do it well."

We asked staff how they provided person centred care and what this meant. They were able to tell us about people's individual likes, dislikes and preferences and how they tried to meet each person's individual needs on a day to day basis. One member of staff told us, "You listen to what the person wants and, if possible you respond to the request, if it is appropriate and safe to do so."

We asked people using the service if staff respected their privacy, dignity and independence and how this was done. Each person asked spoke positively about these areas of their support. One person said, "They [care staff] knock on the door, they don't just barge in. They make sure the toilet door is closed or the bathroom window is shut and the blind pulled down. They treat me with dignity and respect." A relative told us, "Some days [name] can do more for themselves than others and the staff allow for this. If [name] needs it, they [staff] will provide the extra support."

Staff we spoke with were able to describe how they promoted people's dignity and respect when providing individual care and support. One member of staff told us, "You need to remember you are in someone else's home, and respect that fact. You need to ask the person what they want and to provide their support in the best way possible, remembering things like closing the bathroom door and things like that."

People using the service, who we spoke with, told us they received information about the service in the form of a brochure and we were provided with a copy. The information in this document informed people of the important aspects of the service such as maintaining confidentiality and obtaining the support of advocacy services. It also included relevant details to aid people should they wish to raise a complaint or wished to contact the main office of the organisation.

Good

Is the service responsive?

Our findings

People who used the service told us they were confident that they could talk with any of the staff that visited them if they had a particular issues or concern that needed resolving. One person said, "If you have to go somewhere, like an appointment, if you ring the office or tell one of the staff they will change the time of your visit to accommodate this. They will listen and sort it out."

Discussion with the registered manager and records seen showed that people had an individual assessment of their needs conducted before any service was provided. People were usually referred to the service by a local authority, who also supplied an assessment of the person's needs. After reading through this assessment, the manager would arrange for a senior member of the staff team to carry out a home visit or visit the person in hospital in order to carry out an initial assessment of need on behalf of the service.

If, after this initial assessment, it was felt the service could meet the person's needs, care plans would then be developed detailing the care and support the person would need. The person or their relative / advocate would be taken through the care planning process, and if in agreement with the details, would be asked to sign the care plan and consent to care forms. A copy of all documentation would be placed in the person's home and a copy kept at the agency's office.

We looked at four care files which included information relating to people's individual assessment of needs and their personal care / support plans. All of the care plans we looked at were personalised and gave a clear description of the support needed by the person. Each part of the care plan had different headings that included, Personal Information, Consent, Medical Conditions, Falls / Mobilising Risk Assessments, Nutrition and Skin Care Assessment, Mental Health Assessment, Medication Assessment and My Care and Support Plan. Other individual risk assessments were also included. We saw that people and / or their family member had been involved in developing and reviewing the care plans. Daily communication records completed by staff indicated that people's needs and preferences were being met, although some detail was recorded better in some than in others. Lack of consistent and appropriate levels of recording in daily communication records should have been identified during audit checks of individual care files. We discussed this with the registered manager who said the matter would be raised at the next staff meeting for all staff.

Staff we spoke with were aware that people's needs could change and felt they were able to respond to these changes in a timely manner. Any changes identified during a visit to a person using the service was reported back to the office. If it was found the care package or plan needed to change a 'Care Amendment Form' was completed and this was then used to notify all staff of the change to that person's care needs. Staff told us that this worked well. We also saw evidence that written communication was maintained between the service and the local funding authority when such changes took place.

We looked at the complaints records kept by the agency. Each complaint that had been made had been logged individually and we saw that a total of 13 complaints had been recorded since the fifth of January 2015. A complaint investigation report had been completed which detailed the summary of the complaint, investigation methodology, findings and corrective and preventative actions. We saw evidence in response to some of the complaints that, staff had been brought in for supervision, spot checks had been carried out whilst staff were working, letter of apology sent to the complainant and multi-disciplinary team meeting had been held. All complaints were also logged on an electronic computer system and were monitored by the regional operational support manager for the service. Staff were also provided with training / guidance in handling customer complaints.

The registered manager and care coordinators we spoke with confirmed that one of them would be on-call overnight and at weekends to support people and workers if there were any changes in the needs of a person using the service or any kind of emergency situation. Care staff we spoke with confirmed they had access to such support.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager, who had been registered with the Care Quality Commission since February 2015.

People we spoke with told us they were very happy with the service they received from Comfort Call. One person told us, "I am extremely pleased with the service, cannot fault it." Another person said, "The staff are very, very good and very obliging. Nothing is a problem to them and they go out of their way to help." One relative we spoke with said, "The nature of the staff is very caring and we always know when the staff are coming. They have never missed a call and will ring if they are going to be late."

We asked people if they knew the name of the registered manager. Some could remember and others could remember the names of the care coordinators, but all felt they could contact someone at the office without any problem. Contact information was detailed in the service user guide.

When we asked people if they could think of anything that the agency could improve upon, three people raised the issue of not being informed if staff are going to be late providing a call. One person said, "Sometimes I wonder if they are going to turn up, I just wish someone would ring me to let me know". Another person said, "I have no problem at all with the service, just that they don't let you know when they are running behind time or someone different is coming."

To find out what people and their relatives thought of the service provided by Comfort Call questionnaires had been sent out on an annual basis from the head office of the organisation. From the last survey conducted in May 2015, 43 people returned a completed questionnaire to the organisation following which a pie chart was produced to show people's responses to individual questions asked. The registered manager then had to produce an action plan to demonstrate how they intended to address any issues raised. We saw that thirteen issues raised by people using the service were treated as complaints and were dealt with through the complaints procedure with a number of safeguarding referrals also being made to the local authority by the registered manager. Many of the concerns raised related to late calls with people not being informed.

We saw other evidence in written records to demonstrate that some of the issues raised through the questionnaire process had been dealt with in individual one to one formal supervision with staff, or in team meetings and patch meetings.

At the time of this inspection the registered manager was unable to provide evidence to show that all the issues raised in this survey had been addressed and the outcomes shared with people who used the service. The registered manager told us they would make sure this was carried out following any future surveys.

The registered manager told us that regular staff meetings were used to gain the views of staff and to share relevant information about the service through informal discussions. We were provided with the minutes of the monthly and quarterly meetings held in the different geographical areas staff worked in. Minutes seen indicated relevant topics were discussed including, training, medication and completing medication administration records, documenting information appropriately, maintaining confidentiality and spot checks.

The members of the staff team we spoke with during this inspection all said that the registered manager was approachable, a good listener, fair and dealt with things such as safeguarding matters swiftly. One member of staff told us, "I feel the manager is very approachable, understanding to the needs of staff as well as people using the service and provides good support." However, we did receive some comments that suggested at times, communication between senior members of the team was not always as good as it should be and that some coordinators were "more approachable than others."

All staff we spoke with told us that staff meetings were held on a regular basis, at least every three months, with some 'patch' meetings being held on a monthly basis, and minutes from these monthly meetings were provided. Staff told us that meetings were used to inform them of updates from the organisation and to re-enforce the expected standards and practices they should adhere to when providing a service to people. They also confirmed that opportunities existed during the meetings to be able to contribute to the agenda and raise any issues or concerns they may wish to discuss as a team.

'Spot checks' were carried out by care coordinators whilst individual members of staff were carrying out their duties

Requires improvement

Is the service well-led?

in people's homes. This was to make sure staff were providing support tasks to people using the service appropriately, using the correct procedures, for example, when moving and hoisting a person and assisting with medication. Records of such checks were seen on individual staff member's personnel files and could be used during individual supervision with their line manager. However, shortfalls we identified in practice when some staff administered medicines meant that spot checks were not always effective.

We spoke with the care coordinators that were on duty at the time of the inspection. The coordinators had responsibility for managing different local geographical areas and for making sure people receiving a service from the agency in those areas were supported by enough care staff being available on a consistent basis. Care coordinators told us that most staff were very "obliging" and "supportive" when asked to cover visits for staff who were sick or on holiday. Staff we spoke with told us that the main issue was a lack of sufficient travelling time between some calls. One person told us, "You can ring the office and tell them you will be late going to your next call and would they ring the client to let them know. More often than not, you get to the call and the person didn't receive a call from the office. It makes you look bad." We spoke with the registered manager about this and they said they would discuss this further with the care coordinators.

The registered manager used a computer based management system to record and monitor events that could be used to assess the quality, safety and appropriateness of the service. This system included, for example, staff training and when next due, staff supervisions, incidents and accidents monitoring, length of visiting times to people using the service and analysing feedback questionnaires from both people using the service and other interested parties. The provider also had an operational support manager who visited the service and carried out an audit of the service on a six monthly basis. Where improvements were needed, an improvement action plan listed the shortfalls found with timescales for completion. We saw evidence that outstanding actions from the last audit had been completed by the registered manager and signed to confirm.

Although processes were in place for assessing and monitoring the quality of the administration of medicines, these were ineffective and, did not, support the safe management and control of medicines. We found that the provider had not progressed the action required that had previously been identified when shortfalls in medicines administration records had been noted. Although the registered manager and care coordinators had discussed this matter during staff meetings and in one to one formal supervision, we still found unexplained gaps in signatures that had not been fully investigated. This meant that the system used to audit medicine administration records had not been robust enough to make sure appropriate and timely action had been taken to address this matter satisfactorily.

Each person using the service had a 'daily log' book in which daily reports were written by staff, including medicines and meal records. These books were brought back to the office on a regular (1-3 months) basis. The coordinator responsible for managing service delivery in the area the person lived in checked these books as part of their audit process. We found a number of gaps in the report books where records were not fully completed or lines left blank between recordings and we discussed this with the registered manager. It was confirmed this matter had been addressed with all staff at the staff meeting held in August 2015 and both minutes seen and staff spoken with confirmed this.

We spoke with a commissioner from the local authority who told us they had no immediate concerns about the service(s) provided by Comfort Call Tameside.

Staff we spoke said told us there was a positive ethos within the service and that they all worked well as a team. One staff member said, "Providing person centred care is the most important thing. Making sure you devote the time you have to meeting the person's needs according to their care plan." Another staff member said, "Our clients [person using the service] come first in everything we do."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with unsafe or unsuitable management of medicines. Regulation 12 (1) (2) (g)