Comfort Call Limited

Comfort Call Bristol

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 31 March 2016. The inspection was announced, which meant the provider knew we would be visiting. This was because we wanted to make sure the provider, or someone who could act on their behalf, would be able to support the inspection.

Comfort Call Bristol was first registered with the Commission in August 2015. It is a domiciliary care service that provides personal care to people living in their own homes in the Bristol area. At the time of our inspection, the service was providing personal care for 87 people.

There was a registered manager 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.

Risks to people were assessed and plans were in place to reduce these and to keep people, and staff, safe. However, we found the actions taken were not always documented.

We found people's medicines were not always managed in a safe way.

People were asked for consent before care was provided and staff acted in accordance with the Mental Capacity Act 2005. People had signed to confirm they had given consent.

People felt safe and staff knew how to respond to actual or suspected abuse. The provider had a safeguarding policy and guidance was readily accessible for staff to follow.

People and their relatives praised the care they received from staff. Staff were described as "Very nice carers."

Staff were provided with regular training and supervision processes were in place. Staff told us they felt well supported. Checks were carried out on staff to ensure they were suitable to work with people.

People's care records showed their involvement in the care planning and care review processes. However,

care records were not always complete and up to date

The registered manager was spoken of highly by the staff. Staff felt very supported in their roles and sufficient systems were in place to communicate effectively with the staff.

Systems were in place to monitor the quality of care provided and auditing systems to monitor records and care documentation used by staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

A lack of accurate recording and clear information for staff to follow meant people's medicines were not always managed in a safe and consistent way.

People told us they felt safe and they were provided with care and support when they needed it.

Staff were aware of the risks of abuse and knew how to report any concerns they had.

There were sufficient numbers of staff to meet people's needs and recruitment procedures were followed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's healthcare needs were met, however the care records were not always fully completed or up to date.

The provider had an induction programme for staff that ensured they were suitably equipped to undertake their role.

Staff received supervision and training to help them do their jobs well.

People received the support they needed with food and drinks.

Is the service caring?

Good

The service was caring.

People said they were treated with respect by staff.

Staff demonstrated a caring approach to providing person centred care and were knowledgeable about people's needs.

Is the service responsive?

Good

The service was responsive.

People had personalised plans which set out how their care and support would be provided.

People's views about the service were obtained on a regular basis and these were acted upon.

The provider had a complaints procedure and people felt they would be listened to if they complained.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were quality assurance systems in place to monitor the quality of the service provided. However, some of the shortfalls in the care records had not been identified by the provider.

People spoke positively about the service they received, and they were given the opportunity to provide feedback.

Staff felt very supported by the registered manager and the management team. Staff felt they could openly express their views and opinions.

Comfort Call Bristol

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.

Prior to our inspection we reviewed the information and notifications we had received about the service. A notification is information about important events that the provider is required by law to tell us about. We also received a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses or has used this type of service.

On the day of inspection and the following day, we spoke with nine people and the relatives of 10 people who received care from the service. On the day of inspection, we met with the registered manager, the nominated individual (this is the person who represents the provider), the office staff, a regional recruitment officer and four care staff.

We looked at six people's care and support records, together with other records about people's care and the running of the service. These included staff recruitment records, staff training, spot checks and supervision records, quality assurance audits and reports and records relating to medicine management.

After the inspection, we received feedback from two health professionals involved with supporting people who used the service.

Requires Improvement

Our findings

We looked at the Medicine Administration Records (MARs) for six people. Information in the records for five people was accurate and fully completed. For one person, with medicine prescribed to be taken at specific intervals throughout the day, we found shortcomings. There were a number of recording omissions on the MARs for this person during February 2016. This meant it was not possible to establish if the person had received their medicines in line with the prescriber's instructions. Handwritten instructions about the frequency of when the medicine should be taken had also been changed. The change was signed by a member of staff, but not dated. This meant the effect that the change of timings may have on the person would not be accurately assessed.

Some, but not all of the signature omissions had been identified in the provider's monthly auditing programme. We looked at the MARs for this person for March 2016. There was an improvement in the standard of recording. There was still one gap on the MARs for the medicine noted above. There were also gaps for another medicine during March 2016. This meant it was not possible to establish if the person had received their prescribed medicines.

The provider's guidance states that coded letters should be used in all instances when staff have not administered medicine and stated that explanations should be recorded. For example, for some people, relatives gave people their medicines on some occasions. The coded letters were not used on all occasions.

We spoke with people who handled their own medicines, and with relatives who provided the required support. They told us that staff sometimes prompted and reminded them about their medicines. We received positive comments and were told, "Reminders from care staff are very welcome".

We were contacted by the provider following the inspection and they told us they would be taking further actions to make sure medicines were properly and safely managed.

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

Accidents and incidents were reported and documented. Following an incident in November 2015, one person had bed side rails fitted to their bed. However, this action was not documented in the care records and staff had not been instructed on how to safely use this equipment. We brought this to the attention of the registered manager who told us they would address this shortcoming.

Risks to people's safety and well-being were assessed and monitored regularly. For example, risk assessments and management plans included falls, nutrition, skin care, medication and moving and handling. Detailed plans were in place. The care records for one person showed they were moved with a hoist. The care records stated that two staff were required. However, on two occasions the records were signed by one person. The registered manager told us this was a recording error and they expected each member of staff to sign the care records.

Risks within the people's homes, for example, safety and security, electrical, and pets, were assessed and management plans were in place.

All of the people we spoke with told us they felt safe and spoke highly of the staff that provided their care. For example, one person told us, "I feel safe with my once a day carer. She always asks if I've taken my tablets and is very kind". People's relatives also felt the service provided safe care. One relative commented, "I know he is safe with these carers and that is always the main thing I worry about".

Staff knew and understood the responsibilities they had for keeping people safe from avoidable harm and abuse. Staff had received training and information and guidance was displayed in the office for staff to follow if they needed to report concerns. One member of staff told us, "Without hesitation I would report any member of staff if I needed to".

We had received notifications from the service. These showed that staff had reported concerns when they thought people were at risk of harm or abuse. These had been followed up with involvement of other agencies so that risks to people were reduced and actions taken if needed.

The agency was continuing to recruit staff as the service expanded and new care packages were agreed. Safe staff recruitment and selection processes were in place. We looked at staff recruitment files and found applicants' suitability to work was checked in a number of ways. Staff completed application forms and gaps in employment history were noted. References were obtained and information was received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults.

People commented positively about the timeliness of care provided. Most people told us they were supported with regular carers. One person who told us they received care from a number of staff commented the care staff were all very good and, "I get up early to wait for them and they are rarely late". This showed there were enough staff deployed to meet peoples' needs.

Staff told us they reported to the office if they were going to be more than fifteen minutes late for a call, and the person was informed. Staff told us they used people's telephones to log their visit times. This was a freephone number that contacted with the office directly. When people did not give permission for their telephones to be used, staff completed time sheets. Staff told us they were given enough time to complete the care people needed. On call arrangements were in place so a designated member of staff or the registered manager could be contacted out of office hours. This meant peoples' needs could still be met in the event of an emergency.

Requires Improvement

Our findings

We noted one person's care records did not reflect additional monitoring they had been assessed as needing for nutrition, skin care and medication. The monitoring check booklets had not been completed during February 2015. We were assured by the registered manager the care had been given. However, the records were not up to date or complete. The registered manager told us they would ensure the shortfall in record keeping was addressed.

Staff demonstrated an understanding of the Mental Capacity Act 2005, and records confirmed they had completed training. They told us they always checked with people and assumed they had capacity to make decisions. One member of staff described how they encouraged and supported people. They told us, "Sometimes you just need to build up the trust with people, they like to see the same faces, and it's easier then for people to agree to care." Another member of staff told us if someone declined the offer of personal care and could not be persuaded, they would call the office to inform them.

People's care records included a section for consent, involvement and permissions. This provided detail about specific decisions people had made and how their consent to care had been obtained. For example, for one person it was recorded, "I am able to verbalise my consent to take my medicines."

The comments we received from people and their relatives were positive. Examples of comments included, "They call my GP on my behalf if need be" and, "They are kind and well trained." People's care records showed that staff referred to, and worked effectively with, other health professionals such as occupational therapists, the dementia team and district nurses. A health professional us staff followed any recommendations they made.

Staff provided support and assistance to some people with their meals and drinks. The people we spoke with told us they were supported and encouraged by staff to eat. People told us the care staff made drinks when they wanted or needed one.

The health professionals we spoke with told us they thought Comfort Call was responsive to people's needs. They did however, suggest that further staff training was needed to enable staff to support people with behaviours they may find challenging. We spoke with the registered manager and they told us this training was included in their current training plan.

Staff told us they received training to help them do their jobs well. Staff completed an induction programme

when they started in post, and received regular supervision and appraisals. They completed mandatory training such as infection control, moving and handling, safeguarding, whistleblowing and food safety. They shadowed other members of staff until they were competent to work unsupervised. Staff told us they had felt very supported when they started in post. Comments from staff included, "I just can't fault it. The amount of information I was given in my induction was brilliant" and "I completed 16 hours of shadowing others (staff) and when I felt confident enough I was allowed to work on my own. The provider maintained records that ensured staff received refresher training so the training they received was up to date and in line with best practice.

Unannounced spot checks were completed periodically by senior staff to check care staff whilst they provided personal care for people. One member of staff told us, "I had no idea, they (senior staff) were there when I arrived. It was good though, and helpful to know I was doing things right".

Good

Our findings

People spoke positively about the caring nature of staff. Comments included, "I would certainly recommend my lovely carers" and, "Wonderful girls." One person told us they had received care from two or three different agencies and said, "This one is the best of the lot."

We also received positive comments from relatives who told us, "They treat my wife with kindness and respect" and, "They are so gentle with her." One relative spoke about the atmosphere created in their home when the care staff visited. They told us, "I come in and they are all singing-the carers and my wife-it's lovely-perfect for my wife."

The care records provided detail about people's preferences and their life stories. Care staff told us this information was useful and helped them get to know and understand how to provide care and support in the way people wanted. Staff were able to tell us about the people they supported and knew about their backgrounds and preferences.

We noted in one person's records they had initially expressed, "He feels more comfortable with men in his flat than young girls." We spoke with the registered manager. They told us the person had agreed to receive care from female staff. We spoke with a female member of staff who told us the person was always pleased to see them and they had build up a, "Good and trusting relationship."

Staff received training in dignity and respect as part of their induction programme. They understood how to promote and respect people's privacy and dignity, and why this was important. Their response to our questions demonstrated positive values, such as making sure people were covered and comfortable during personal care. Staff also told us they showed respect for people by calling people by their preferred names.

The staff we spoke with told us they wouldn't hesitate to report another member of staff if they felt they were disrespectful to people. When we discussed the needs of one person with a member of staff they told us, "I'm always mindful to make sure I treat her as she wants to be treated".

Care plans described how people communicated their needs, preferences and wishes. For example, for one person their records stated it was their wish to be supported to, "Remain independent and in my own home."

Good

Our findings

People and their relatives told us they received care that met their needs. One person told us how their care needs were met. They told us they liked their carers so much because they were not only kind and gentle with them (the person), they also treated the person's animals well. The person told us this meant a lot to them.

Another person who told us they had a, "Great deal of experience with good and bad care agencies" commented, "This (Comfort Call) seems to come under the good category, I've only been using them for five weeks, but I know how to judge them. I have a carer to do personal care once a day every day and she does this hygienically, with gloves, and gently, with respect and kindness."

Care records were personalised and showed that care had been provided to people as agreed. People and their relatives, where appropriate, were involved, and this was confirmed in the records. Records contained information for staff that showed people's individual needs and how they liked to be supported. Daily diary report books were completed and signed by the staff member(s) at each visit.

There was a commendation to the staff from one health professional about the improvement in the condition of a person who required specific and timely care interventions. The staff were praised for the quality of care provided for this person.

Staff told us that communication between them was good, and they contacted one another or called into the office if they need to discuss any issues or concerns they had about people's care.

Complaints and concerns were taken seriously and the registered manager showed us the records held in the complaints folder. Complaints were responded to in a timely manner and in accordance with the provider's policy.

People and their relatives were supported to provide feedback about their care. Surveys were completed four times each year. These were alternatively completed by telephone and then by visits from senior members of staff. Actions were taken in response to feedback received. For example, one person had noted their carers did not arrive on time and did not stay for the required length of time. Actions were noted and at the follow up survey the person confirmed their carers were arrived on time and stayed for the required length of time. In addition the person had noted the carers, "Couldn't do enough, it was 110%."

Requires Improvement

Our findings

We found several shortcomings in record keeping. These included incomplete recording of use of bed side rails, food intake records, skin care monitoring and a moving and handling record. The provider's monitoring systems had identified some but not all of the shortcomings we identified.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Comfort Call Bristol, first registered in August 2015 and was run from offices located in a local community building. Within the building there was a library, meeting rooms and other facilities for community use. The registered manager told about plans to build on the community links they already had. They told us about a coffee morning in the community building to raise peoples' awareness of Comfort Call and the services it offered to people.

The registered manager, care coordinators and administrative staff were based in the office. Care staff visited the offices regularly between visits, and for meetings and training sessions. This promoted good communication between staff, the team in the office and the provider's representatives who also used the office facilities for meetings.

Although most people told us they had not yet got to know the registered manager, they told us they could contact the office team if they had any concerns. People were generally satisfied with their individual care packages. The provider's annual staff and people surveys were due to be completed in April 2016.

The registered manager told us they were well supported by the provider, and received regular monitoring and support visits from the area manager.

Staff told us they felt well supported and they were confident they could raise concerns and these would be listened to. Staff practice reflected the provider's vision and values. They were all positive about Comfort Call and told us they thought it was a good place to work.

Staff meetings were held monthly. We read the minutes from the most recent meeting attended by 19 members of staff. Topics discussed included availability of sleep in night shifts, medicine guidance, reporting of people's skin condition and time sheets.

Regular supervision of staff was completed. There were a range of checks to monitor the quality of the service delivery. These included telephone checks and unannounced 'spot checks', where people were asked to comment on the quality of the service they received.

The nominated individual showed us the electronic reporting system used by the agency. This was used to monitor the quality of the service. Action plans were in place when shortfalls were identified. For example, the provider's quality governance group had reviewed and amended a skin integrity form in 2015 because they had identified, "Care workers need to be able to recognise pressure damage and understand how to take the right course of action."

Policies and procedures were in place. They were comprehensive and covered all aspects of the service, for example, safeguarding, complaints, whistleblowing, medication, recruitment and selection and advocacy.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed the provider had submitted all notifications as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always make suitable arrangements for the proper and safe management of medicines. Regulation 12 (2) (g) HSCA (RA) 2014 Safe Care and Treatment

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always maintain an accurate and up to date records for each person. Regulation 17 (2) (c) HSCA (RA) 2014 Good Governance