

Comfort Call Limited

Comfort Call Nottingham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Comfort Call Nottingham is a domiciliary care agency, providing personal care to people living in and around Nottingham City. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 287 people were receiving personal care as part of their care package.

People's experience of using this service and what we found

Improvements had been made to staffing; there were sufficient skilled and competent staff to meet people's individual needs. Staff received ongoing training and support. Whilst people had experienced late calls, the electronic data monitoring confirmed improvement had been made and current action was being taken to make further improvements.

The systems and processes used to assess, monitor and review the service had improved since the last inspection and was found to be more effective. The service was managed by an experienced registered manager. Recent recruitment of new experienced care coordinators had further strengthened the management team, who were supported by senior managers who had oversight of the service.

Risks associated with people's individual needs including the environment, had been assessed and staff were provided with guidance on how to mitigate risks. Staff had received safeguarding training and were aware of their responsibilities to protect people from abuse, avoidable harm and discrimination. Prescribed medicines were safely managed and administered to those people who required them. Staff had received training and ongoing information and guidance about how to reduce the potential spread of infections and to support them during the current Covid 19 pandemic. Incidents were reviewed to identify any themes from which lessons could be learned.

People received a responsive service that met their individual needs. Improvements were being taken to ensure people received care and support that met their individual care needs.

Electronic care records were used to provide staff with guidance of how to meet people's needs and care calls were monitored. People's care packages were being reviewed with them, to ensure call times met their care needs and preferences.

People had access to the provider's complaint policy and procedure. Complaints were reviewed and responded to in accordance with the provider's expectations.

People received opportunities to share their experience about the service. Staff worked defectively with external professionals. The provider had an ongoing action plan to further drive forward improvements.

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

Rating at last inspection and update

The last rating for this service was Requires improvement (published 18 November 2020) and two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Comfort Call Nottingham on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Comfort Call Nottingham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors, an assistant inspector and two Expert's by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 November 2020 and ended on 19 November 2020. We visited the office location on 18 and 19 November 2020.

What we did before the inspection

Before our inspection, we reviewed our information we held about the service. This included reviewing the last inspection report and statutory notifications received. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. The provider was not requested before this inspection to complete the Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and

improvements they plan to make. We took this into account in making our judgements in this report. We also contacted Healthwatch, this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 27 people who used the service and 11 relatives about their experience of the care provided. We spoke with the registered manager and regional manager, 13 care staff and two care coordinators.

We reviewed a range of records. This included 10 people's care records, including medication records. We looked at eight staff files in relation to recruitment. A variety of records relating to the management of the service, complaints, compliments, incidents and the systems and processes used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were sufficient, competent and experienced staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- People and relatives were in the main, positive about the staff that supported them. Comments included, "I'm satisfied, the staff are nice people and always on time unless there is an emergency. They will phone me, if possible, if they are running late. They don't go early and stay the time." A relative said, "[Staff] are well trained and understand [relation's] needs."
- Staffing levels were monitored to ensure new care packages were only accepted if there was sufficient staff capacity. The registered manager said, "I only agree to new care packages if we have enough staff to safely meet needs." The local authorities who commissioned care packages for people told us they were satisfied with service delivery.
- Shortfalls in staffing were met by other care staff picking up extra visits. This was done in agreement with staff. Office staff, including the registered manager who were all appropriately trained, also provided care if required.
- Improvements had been made to staff pay and recruitment processes. Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff received a planned induction, ongoing training and opportunities to review their training and development.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination. People who used the service and relatives told us in the main, they were confident staff provided safe care. Comments included, "Yes, I feel safe, assured and comforted. They [staff] are nice to talk to and they do their job." A relative said, "I'm happy with the staff, [names] can't be better."
- Staff were knowledgeable about their duty to act on any safeguarding issues or concerns. A staff member said, "Any concerns such as unexplained marks or a change in behaviour I would report to the office. We do the same run so can spot if anything is wrong." Staff had received safeguarding training and access to the provider's safeguarding policy and procedure.
- Safeguarding incidents were reported externally to the local authority as required. The management team completed internal investigations and used the providers staff disciplinary procedures if required. At the

time of the inspection, there were some ongoing safeguarding investigations, we will continue to monitor these.

Assessing risk, safety monitoring and management

- People's individual care needs and associated risks, including those associated with the environment were assessed, and staff were provided with guidance of how to mitigate risks. People who used the service and their relatives were positive that risks were managed safely and effectively. Comments included, "They [staff] make sure there are no risks in my home." A relative said, "Yes, they make sure [relation] is safe from falling, they make sure the bed rail is up."
- Staff were provided with useful information factsheets on specific health conditions to support their awareness and understanding of people's needs. Care plans provided staff with guidance of the care required and information reviewed was up to date and supportive. We identified an example of how a risk assessment in relation to catheter care needed to be more detailed. The registered manager agreed to review this.
- The provider had systems in place to enable staff to exchange information with the office staff about any required changes to a person's care package. Reviews with people about their care package was also conducted, to ensure people's needs were safely and effectively monitored.

Using medicines safely

- Where people received support with managing their medicine, this was provided safely. Feedback from people who used the service and relatives confirmed this. Comments included, "They [staff] help. They give them to me to take and watch me take them every morning and evening."
- Staff had received medicines management and administration training and had competency and observation assessments completed. Staff also had access to the provider's medicine policy and procedure.
- Staff had guidance of how to support people with their medicines and office staff monitored medicine administration to ensure this was maintained safely and effectively.

Preventing and controlling infection

- People were protected from the risk of cross contamination. The provider had taken action to manage the risks to people during current Covid 19 pandemic.
- Whilst the majority of people who used the service and relatives were confident staff followed guidance around the use of personal protective equipment (PPE), a small amount of people raised concerns. This was shared with the registered manager to follow up.
- Staff had received infection, prevention and control training and further training was due to be delivered. The provider ensured all staff received regular Covid 19 ongoing national guidance, and the providers expectations of staff during the current pandemic. Staff had access to PPE.

Learning lessons when things go wrong

- Accidents and incidents in relation to people who used the service and staff were recorded and reviewed by the registered manager and the providers quality review team. Examples of action taken to reduce further risks included referrals to external health and social care services for people to have their care needs further assessed.
- Care visit times had been identified by the management team as an area that required reviewing and improving. It was also the most common concern people had about the service. People told us they had experienced late calls, and this was a concern to them.
- Late and early calls were being reviewed alongside the expected call time. People who used the service and staff were also being consulted in this review, to improve people's outcomes

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People received an assessment based on their individual care needs and preferences before they commenced with the service. This enabled people to direct the care they received.
- Staff were provided with guidance to support them to provide personalised care. Staff monitored people's care needs and reported any changes required to the care package to the office staff to arrange. The provider also had additional procedures, to review and monitor people's care packages to ensure they remained responsive to people's needs and preferences.
- At the time of the inspection, improvements were being made to people's individual call times to ensure they reflected people's individual care needs and wishes.

Meeting people's communication needs

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

- People's sensory and communication needs were assessed and planned for.
- If required, the provider was able to provide information in different formats to support people.
- Whilst care plans were electronic, people using the service or their relative or representative, were able to access their electronic care records.

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

- Some people received social care and support. This enabled people to be active citizens of their community and reduced the risk of self isolation.
- Examples of social support included people being assisted to go shopping, promoting their independence. A person attended a social club, where they developed and maintained friendships.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and information about how to make a complaint had been made available to people.
- Whilst some people had a positive experience to complaints or concerns raised, others were negative. This was in particular to the times of care calls which was being addressed.
- We saw complaints received and been responded to within a timely manner and in accordance with the

provider's policy and procedure.

End of life care and support

- At the time of our inspection, end of life care was not being provided. However, staff received additional training and support in end of life care. Specific end of life care plans were used that provided staff with guidance on the end of life care people required and considered their individual care needs and preferences.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that their systems and processes were effective in assessing and monitoring the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- Improvements had been made in the systems and processes that monitored the quality and safety of the service. There was good leadership, clear structures of accountability and understanding of the regulatory registration requirements.
- The provider's electronic monitoring data reviewed between March 2020 and November 2020 confirmed improvements were being made to the compliance of calls being completed.
- A new experienced registered manager was in place and two trained and skilled care coordinators' had recently joined the office team. This newly established team was having a positive impact and the team demonstrated a commitment to make further improvements.
- A care coordinator said, "I'm aware there has been a communication issue with the previous care coordinators, but we are working on improving call times, communication and organisation is much better." Another care coordinator said, "There's been a lot of improvements recently, the registered manager and regional manager are really supportive. They have clear standards and expectations, they are good leaders."
- There was continuous oversight by the senior management team and an action plan to drive forward further improvements. An example of this was the project that had commenced in improving call times.
- The local authorities who commissioned care packages told us they had regular monitoring meetings with the management team. They reported they were satisfied with the service provided to people who used the service.
- The overall feedback from people who used the service and relatives were positive. Late calls and communication with office staff were people's main concern. However, no person had experienced a negative impact and we were sufficiently assured these issues were being positively addressed.

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

outcomes for people

- Overall, people received care and support that met their individual needs and outcomes. People reported improvements were being made to their experience of the service. Positive comments included, "Everything is going alright. They [management team] keep sending us letters to inform about things. I feel confident I could phone them if I wanted anything." Where concerns raised concerns about their care this was shared with the registered manager to follow up.
- The service had experienced a number of changes with the merger of two additional services and with the transfer of some staff. The provider and registered manager had worked at making this transition as smooth as possible and recognised further action was required to fully embed improvements and plans were in place to achieve this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was meeting their registration regulatory requirements, in informing CQC of notifiable incidents as required by law to enable monitoring of the service. The provider's inspection ratings were displayed as required.
- The provider had an effective complaints policy and procedure. The complaints log showed responses and action to complaints received. These showed investigations and outcomes were completed in a timely manner and the complainant fully involved.
- People who used the service and relatives told us in the main, if they had made a complaint it had been responded to their satisfaction. A reoccurring theme raised by people was how were not always informed if staff were going to be late. The management team told us there was a process for this, but they would review it and make improvements.

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

- People received opportunities to share their experience about the service. This was via review meetings to discuss their care package, telephone contact with office staff and people were invited to complete an annual quality assurance questionnaire. Any themes and patterns were added to the overall service action plan and individual issues or concerns were followed up.
- Staff received opportunities to discuss their work and development needs and there were various communication systems used to share information with staff.
- Overall staff were positive about working for the service. A reoccurring theme raised as a concern was the travel time allocated to staff. We saw staff rota's did include travel time, but shared the feedback received with the registered manager who agreed to follow this up

Working in partnership with others

- Staff worked effectively with external health and social care professionals to support people to achieve positive outcomes.
- People who used the service, relatives and staff gave examples of how staff had either made referrals, shared information and followed recommendations made by other professionals.