

Comfort Call Limited

Comfort Call - Hopwood Court

Inspection report

Farnham Road
High Crompton
Oldham
Lancashire
OL2 7LR

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 11th April, 2017 and was announced.

Comfort Call Hopwood Court provides 'Extra Care Housing'. Extra Care Housing supports people to live independently in their own homes within a community setting. Hopwood Court has 40 self-contained apartments, a number of communal spaces, a restaurant and a large garden. The maintenance of the building and grounds is managed by Housing & Care 21. This is a not-for-profit organisation which manages a number of sheltered and extra care housing schemes on behalf of Oldham Council. Care and support services at Hopwood Court are provided by a team of on-site care staff who are part of the 'Comfort Call' organisation. Day-to-day management of the building is carried out by a 'court manager'. Overnight there is a concierge who looks after the building and responds to any emergency calls from people living there. Hopwood Court was originally built as sheltered accommodation and some of the tenants currently living there moved into Hopwood Court when it was sheltered accommodation and do not receive care and support from the on-site care team. Since the building was renovated to provide Extra Care Housing, all new residents can only move into Hopwood Court if they are in receipt of a care package provided by the on-site care team. At the time of our inspection 15 people living at Hopwood Court were receiving care and support.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. During our inspection we were told that a person was in the process of applying to the Care Quality Commission (CQC) to become the registered manager of this service and two other associated services, however the application process was not yet complete.

People who used the service and their relatives told us they felt safe and training records we viewed indicated that staff had received training in safeguarding vulnerable adults. Recruitment checks had been carried out on new staff to ensure they were suitable to work with vulnerable people.

Suitable arrangements were in place for the prevention and control of infection and there was an adequate supply of personal protective equipment (PPE) such as gloves and aprons.

Staff had undertaken a variety of training which equipped them with the skills and knowledge required for their roles. Staff received regular supervision.

The service was working within the principles of the Mental Capacity Act (2005). Staff sought consent before undertaking care and support.

People we spoke with were complimentary about the staff and were happy with the care and support they

received from them. Care plans were detailed and were reviewed regularly to ensure they contained up-to-date information to guide staff.

There was a complaints procedure in place, although no recent complaints had been received. Accidents and incidents were recorded and investigated thoroughly.

There were a range of policies available to guide staff in their work. Regular staff meetings were held to discuss issues around the service and provide feedback to staff. There were systems in place, such as audits, to monitor the quality and standard of service provided.

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.

Recruitment processes were sufficiently robust to protect people from the risk of unsuitable staff.

Staff had received training in Safeguarding Vulnerable Adults and knew how to protect people who used the service from the risk of abuse.

Arrangements were in place to ensure that medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively.

Regular supervision of staff was carried out which ensured that the standard of care provided was monitored and any problems identified and managed appropriately.

Is the service caring?

Good ●

The service was caring.

People we spoke with were complimentary about the staff and about the support they received.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Detailed support plans and risk assessments ensured staff had the information needed to care for people in a person-centred way.

There were systems in place for receiving and responding to

complaints.

Is the service well-led?

The service was not consistently well-led.

The service did not have a registered manager, although a person was in the process of submitting their application to become the registered manager. A service cannot be judged as good in this domain if there is no manager registered with the CQC.

There were systems in place to monitor the quality of the service and gather feedback from people who used the service.

Requires Improvement 

Comfort Call - Hopwood Court

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.

The inspection took place on the 11 April, 2017 and was carried out by one adult social care inspector. The provider was given 48 hours' notice because the person overseeing the service held a similar position at another service and we needed them to be present to assist with the inspection.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We sought feedback from Oldham Healthwatch, Oldham's Local Authority quality assurance and Safeguarding team and Oldham's Clinical Commissioning Group (CCG). We reviewed the information we received during our inspection.

During our visit we spoke with the care coordinator, the branch manager for Comfort Call Oldham, the area manager for City and County Healthcare Group which is the parent company, four care staff and three people who used the service. Subsequent to our inspection site visit we spoke with four relatives on the telephone to get their opinion of the care that was provided.

As part of the inspection we reviewed three peoples' care records, which included their care plans and risk assessments. We also reviewed other information about the service, including records of training and supervision, three staff personnel files and the complaints records.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with the care provided at Hopwood Court. One relative told us "She's safe". There was a policy in place which provided staff with guidance on identifying and responding to signs and allegations of abuse and training records we looked at showed staff had received training in safeguarding adults and children in their induction programme and subsequently in refresher courses.

Staff we spoke with understood the importance of using personal protective equipment, for example disposable aprons and gloves whilst carrying out personal care, as a means of protecting people who used the service and themselves from the risk of cross infection. A supply of aprons, gloves and alcohol hand gel was stored in the office. We saw evidence that staff received training in infection prevention and control during their induction and subsequently as a refresher course.

Staff also undertook training in food safety awareness, which provided them with the knowledge to prepare food safely for people who used the service.

We looked at two staff files to check that staff recruitment and selection processes had been undertaken safely. The recruitment process was carried out by staff at the main branch of Comfort Call Oldham. The files we viewed were thorough, containing copies of the completed application form, two references, literacy and numeracy tests, identification documents and a Disclosure and Barring (DBS) check. A DBS check helps the service to make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults and children.

Maintenance of the building and rooms, and safety checks, such as for the gas and electricity supply were carried out by Housing & Care 21. This is a not-for-profit organisation which manages a number of sheltered and extra care housing schemes on behalf of Oldham Council. The fire alarm was tested weekly and everyone living at Hopwood Court had a personal evacuation escape plan (PEEP), which explained how each person would be evacuated from the building in the event of an emergency and included information about their mobility and any communication difficulties. The PEEPs were stored in the Court Manager's office where they were easily accessible to the emergency services. Equipment used by the care team, such as shower chairs and hoists were serviced by an outside company.

The service identified and managed risks appropriately. We looked at three care files which contained risk assessments identifying hazards that people and carers might face. These included, for example falls risk assessments and environmental risk assessments, which identified potential hazards to carers, such as pets, and slippery flooring. Where risks had been identified, plans were in place to provide guidance as to how they should be managed and people kept safe.

We found there were safe systems in place for managing peoples' medicines. There was a medicines management policy which gave guidance to staff about how to safely support people with their medicines. Records we saw showed staff were trained in medicines administration.

We reviewed medicines administration records (MAR) for three people and found they had been completed correctly. All MARs were audited on a weekly basis to ensure they had been completed fully. There was a process in place which was followed if a medicines error was identified. We discussed a notification we had received about a recent medicines error where a person had received their medicines earlier than prescribed. We found that the error had been investigated thoroughly and the person who made the error had undergone a refresher course in medicines administration and were now subject to 'spot checks' to ensure their on-going safe practice.

A detailed investigation report was completed for any accidents and incidents which occurred at Hopwood Court. The report contained information about the type of incident, such as a missed visit or medication error, who was involved, what happened and what remedial action was taken to prevent a reoccurrence of the incident. The investigation report was submitted to City and County Healthcare Group, the parent company of Comfort Call, who provided guidance on any action which needed to be taken in the event of an accident or incident.

We reviewed staffing provision to see if it was adequate and enabled the service to provide timely care and support to people. People told us they had not experienced any 'missed visits' and one person we spoke with told us that their relative always received their visits on time. However, another person said that they felt that sometimes the staff were stretched and that if carers experienced problems at a visit then this had a knock on effect with subsequent visits, which ran late. We talked to the care coordinator and branch manager about how they ensured there were sufficient staff. Agency staff were not used and where there were gaps in the rotas due to sickness or holidays, their own staff took on additional work or staff from another Comfort Call extra care housing scheme were offered the shifts. At the time of our inspection we found sufficient staff to support the people receiving care at Hopwood Court.

Is the service effective?

Our findings

People we spoke with were happy with the care and support they received. One relative told us "The carers seem to be doing a good job" and another said "The girls in the main do a brilliant job".

We looked to see if staff had received the training, supervision and support they needed to carry out their roles effectively. We were shown details of the induction programme that all new staff undertook, which was carried out over a week at the Oldham branch of Comfort Call. Here there was a dedicated training room, which contained a hoist and an electric bed. This enabled new carers to gain hands-on experience of using equipment they might use in their role. Topics covered during the induction programme included the role of the carer, infection control, food safety, medicines management, first aid and health and safety. Following the induction week staff spent several days 'shadowing' a senior member of staff and were then observed carrying out a variety of care tasks to ensure they were competent to work unsupervised.

Refresher training courses were undertaken by staff to ensure their skills and knowledge remained up-to-date and staff were supported to undertake national vocational qualifications in social care.

Staff were supported to improve the quality of care they delivered to people through face-to-face supervision sessions, annual appraisals and through 'spot check's, where senior staff made an unannounced visit during service delivery and observed care being given to a person. Senior staff also checked on a variety of issues, including whether records had been completed correctly, if carers had arrived on time, if the uniform policy was being adhered to and whether the care plan was being followed. Spot checks helped to ensure that staff were maintaining high standards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the service was working within the principles of the MCA.

Staff received training in the MCA in order to help them gain an understanding around issues of capacity, choice and consent. People we spoke with told us that staff always asked their consent before carrying out care tasks. One person said "They don't force me to do anything I don't want to".

Care staff did not carry out any cooking, but were able to warm up food for people in a microwave, or prepare sandwiches. All staff had received training in basic food safety. Some people were supported by staff to visit the on-site restaurant for meals, while others purchased meals from the restaurant and had them brought to their rooms by care staff. The restaurant was open six days a week. We were told that those people who required lunch on a Saturday, when the restaurant was normally closed, could purchase a meal that was ready prepared for them to heat up. One relative we spoke with commented that it was unfortunate that when the person running the restaurant was on holiday, or absent due to sickness the restaurant was closed.

Is the service caring?

Our findings

We were unable to observe care being carried out directly, so we asked people who used the service and their relatives if they found the staff caring and were happy with the attitude of the care staff towards them. The majority of service users spoke positively about the care staff. One person told us, "It's wonderful here" and another person said, "(the staff) are really kind". However, one person said "Some are more caring than others".

People we spoke with told us that they were treated with dignity and respect by staff. One person said "They always knock on the door and are always polite". Staff undertook training in 'privacy and dignity' during their induction and this area was covered in 'themed supervision' sessions which the care coordinator held with staff. This helped to remind the care team to behave in a respectful manner towards people who used the service and their relatives. Staff explained to us the importance of treating people with dignity and respect while undertaking care tasks, for example keeping a person covered by towels while carrying out personal care.

People told us that they were supported to be as independent as they could be whilst living in their own homes. One person living at Hopwood Court said "They don't force me to do anything I don't want to do". Staff we spoke to understood the importance of offering choice to people and encouraging them to be involved in making decisions about their care. One person said, "They encourage you to do things" and another person told us, "They advise me kindly". This same person told us that staff encouraged her to eat and drink, as she had a small appetite.

People told us staff always checked if they needed any other help before they left. One person said "They always ask if there's anything else they can do for me". The care coordinator or a senior carer carried out quality assurance visits to each of the people receiving care and support at Hopwood Court, every three months. This enabled them to ask about their views on the service to check that people were happy with the care they were receiving. Records of quality assurance visits we viewed showed that people were very satisfied with the overall quality of the service.

Is the service responsive?

Our findings

People told us staff responded well to their needs. One relative said "They have a real interest in her. They will sit and talk with her".

Prior to someone starting to use the service a needs assessment and support plan were received from the local council. This gave details about the person's care needs and how they should be met. Following receipt of this information the care coordinator met with the person and their family and discussed and finalised an appropriate plan of care. This assessment process ensured the service could meet people's needs.

We talked to the care coordinator about the different levels of support that were available to people living at Hopwood Court. As well as providing regular long-term 'care packages' for people, for example to administer medication, help with personal care and meal preparation, the care team also provided short-term support through their 'well-being' scheme. This was designed to provide care and support for a few weeks, when, for example a person needed extra help following an illness. Some people living at Hopwood Court who did not need regular help with physical needs were in receipt of a daily 'check' visit, which ensured they were well and managing to look after themselves independently. People living at Hopwood Court were able to summon help or assistance through the use of a 'pendant alarm' or emergency call bell. Calls were responded to by the on-site care team during the day and by the concierge during the night.

We looked at three people's care records. Each file contained assessments that had been carried out to identify people's individual support needs and the care plans contained appropriate information detailing how these needs should be met. Documentation included information about the person's background and previous lifestyle, medical conditions and communication ability. There were also a range of personal risk assessments, such as for nutrition, skin integrity and falls. Environmental risks had also been identified, such as those for example caused by a cluttered room or pets. Records we saw were sufficiently detailed to guide staff in how to provide the support people required. For example, one care plan stated "I will wash my face and top half". Another said "Carer to administer medicines. I will take them with juice". Care plans were written for each visit time, for example for the morning visit or night time visit. This ensured the relevant information was easily accessible to staff at each visit.

We found that detailed daily records of the care provided at each visit were kept in the 'home care report book'. This included information about what care was undertaken, what food was prepared, any concerns around skin integrity and the arrival and departure times of staff. The care coordinator told us that staff always carried out a full skin inspection when a person returned home following a stay in hospital. This was to check that they had not acquired any pressure sores while they were a hospital in-patient.

Information about any incidents or changes to a person's health or care needs was passed from the concierge to the senior at the start of the morning shift. This information was then cascaded to the care team. This ensured that all staff were kept up-to-date about the health and well-being of people living at Hopwood court. People we spoke with told us they were kept informed about any changes to their relative's

health or care needs.

A range of activities such as arts and crafts, bingo and exercises were available to people living at Hopwood Court and were provided in the communal lounge. A hairdresser visited weekly. Links with the local community were encouraged through invitations to events, such as parties and local people were able to use the restaurant whenever they wished.

We looked to see how the service dealt with complaints. We found the service had a complaints policy which told people how they could complain, what the service would do about it and how long this would take. The service had a system for recording any complaints, their response to the complainant and recording the action they had taken. There had not been any recent complaints. The care coordinator told us that she had an 'open door' and that she dealt with small concerns promptly to ensure they did not escalate. People we spoke with knew how to complain and were confident any issues they raised would be dealt with appropriately.

Is the service well-led?

Our findings

This service is required to have a registered manager, however at the time of our inspection there was not a registered manager in place. A person was in the process of applying to the Care Quality Commission (CQC) to become the registered manager of this service and two other associated services, however the application process was not yet complete. A service cannot be judged as good in this domain if there is no manager registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The day-to-date management of the care team was carried out by the care coordinator who worked closely with the court manager, who was responsible for overseeing the management of the fabric of the building. The care coordinator was supervised by a Comfort Call manager, who was in the process of applying to the CQC to be the registered manager of the service. A regional manager for City and County Healthcare regularly visited the service to provide oversight of the management of the service. The care coordinator told us she felt well-supported in her role and that she was in daily contact with her manager to discuss any issues or concerns she had. People who used the service and their relatives were happy with the management team and told us they found them approachable.

There were a range of policies available to guide staff in their work. These included accidents and incidents, complaints, infection control and safeguarding vulnerable adults. Policies were written and reviewed by the parent company City and County Healthcare Group.

We looked at the systems that were in place to monitor and review the quality of the service. Weekly audits were undertaken of the medicines records and care records to ensure they were accurate and up-to-date. Any discrepancies found were discussed with the relevant person and if necessary, for example in the case of a medication error, further training undertaken. Quality assurance visits were carried out every three months to each person receiving care and support at Hopwood Court. This gave people the opportunity to comment on the service and the support they were receiving. The regional manager told us that the City and County Healthcare Group quality assurance team were able to access all information the care coordinator submitted, such as incident reports, via their electronic system. This enabled them to monitor the quality of information submitted and ensure processes had been followed correctly.

Senior carers checked the daily work sheets at regular intervals during the day to ensure that all visits had been completed and no work had been missed.

We saw evidence that staff meetings were held every three months, which enabled information about the service and issues around care to be discussed with staff. Where important information needed to be shared with staff between scheduled meetings, memos were sent to everyone.

Before our inspection we checked the records we held about the service. We found the service had notified

the CQC of significant events and incidents, in line with their registration requirements.