Comfort Call Limited

Comfort Call Gateshead

Inspection report

7-8 Blue Sky Way
Monkton Business Park
Hebburn
Tyne and Wear
NE31 2EQ

Tel: 01914959541

Date of inspection visit:
10 February 2016
11 February 2016
04 March 2016

Date of publication:
12 May 2016

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

At the last inspection of Comfort Call Gateshead in March 2015, we asked the provider to take action to make improvements. This was because medicines were not being managed in a safe way for the people who used the service. Also people and their relatives did not feel their complaints were listened to or acted upon.

After the inspection the provider wrote to us to say what they would do to meet legal requirements. On 10 and 11 February, and 4 March 2016 we carried out this comprehensive inspection to check whether the provider had addressed these breaches. We found there had been improvements in these areas.

Comfort Call Gateshead is a domiciliary care agency which is registered with the Care Quality Commission to provide personal care for people in their own homes. The agency operates in the Sunderland, South Tyneside and Gateshead areas. The agency also provides a domiciliary care service to people who live in an extra care housing scheme. At the time of this inspection there were approximately 1,500 people using the personal care service provided by this agency.

The agency had a registered manager. 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.

During this visit we found the provider had recently begun to carry out more in-depth quality assurance audits of the service. However, these showed that some previously identified areas for improvement had not been actioned. In this way, although the provider had quality assurance processes in place, these had not always been effective. Also, some notifications required by the Care Quality Commission (CQC) had not always been sent to us in a timely way. You can see what action we asked the provider to take at the back of this report.

People told us they felt "safe" and "well treated" by the care workers who visited them. For example, one person told us, "I feel safe. I like the carers they are all good. They are kind." Staff had training in safeguarding adults and they knew how to report any concerns.

There were enough staff employed to carry out all the visits that were required, and the agency constantly recruited new members of staff. The agency made sure that staff were fully checked before starting to work with people.

Some people had regular teams of care staff and this made them feel confident in the staff who supported them. Other people said they did not always know which care staff would visit them and were not always told if they were going to be late. Staff told us they were not allocated travelling time between calls, which meant they sometimes arrived late.

People and relatives we spoke with felt the care workers were "well trained" and provided the right support. Staff felt they received good training and were supported in their roles. One staff member told us, "The training is phenomenal."

People who needed support with meals told us they were in control of what they had and how it was prepared. Staff liaised with other care or health services if there were changes in people's needs.

Some people said they had had the same care staff for years. This allowed them to develop good relationships. One person said it was just like having their family come in to help because they knew them so well. All the people we spoke with said care workers were "caring" and "kind". care and kindness of care staff. Their comments included, "The girls are polite and kind", "they are very courteous" and "they are very nice".

Care workers were positive about their work and spoke warmly of the people they cared for. They said they stayed longer if a person was upset or ill and in need of a bit of comfort.

The care records about people were detailed, personalised and written in a sensitive way. People kept a copy of their care plans in their own homes so they and their care workers could refer to them at any time. People felt in control of their care arrangements.

People said they were regularly asked for their views of the service they received. This was carried out during quality assurance telephone calls, quality assurance visits to their home and during 'spot checks' of staff practice.

Staff said there was a good culture within the service and they felt supported by their immediate line supervisor. All the staff we spoke with confirmed they could raise issues with the management and said they were "approachable". There were two other branch managers to assist the registered manager, and there were plans for them to be registered with CQC.

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. People said they felt safe and comfortable with the care workers who visited them. Staff were trained in safeguarding people and knew how to report any concerns.

There were good recruitment and selection procedures in place to make sure staff were vetted before they started working for the agency.

There had been improvements to the way people were supported with their medicines.

Is the service effective?

Good

The service was effective. Staff were appropriately trained and supervised to provide care and support to people who used the service.

People said they received help to manage their meals and nutrition where this was required.

Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. People felt staff were caring and kind. They had good relationships with their regular care workers.

People were treated with dignity and respect. They said care workers were polite and helpful.

People's choices and preferences were respected. Staff spoke about people in a warm and positive way.

Is the service responsive?

Good

The service was responsive. People's care records were personalised about their needs and preferences, so staff had information about how to provide the right support in the way that people wanted it.

People were given clear information about how to make a complaint. There had been improvements to the way complaints were recorded and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led. The provider had not carried out any quality assurance checks last year to make sure the agency was providing a good service.

The agency had not always informed CQC in a timely way about events that should have been reported without delay.

People were regularly asked for their views about the service. There was a registered manager in post and there were plans to strengthen the management team.

Comfort Call Gateshead

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 10 and 11 February and 4 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one adult social care inspector, a bank 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 this type of care service.

Before the inspection we reviewed all the information we held about the agency including any incidents and outcomes. We reviewed the provider's action plan about how previous shortfalls would be addressed. We contacted the commissioners of three relevant local authorities before the inspection visit to gain their views of the service provided by this agency. We also contacted the local Healthwatch groups in each of the three local authority areas to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 21 people who used the service and seven relatives. We also spoke with the registered manager, two branch managers, a director, two care co-ordinators, two medication auditors, two administrative staff, a supervisor and 10 care workers. We viewed a range of records about people's care and how the agency was managed. These included the care records of nine people, the recruitment records of six staff members, training records and quality monitoring records.

Good

Is the service safe?

Our findings

At the last inspection of this agency in March 2015 we found the provider had breached a regulation relating to management of medicines. This was because medicines were not always managed in a safe way for those people who needed support with this. For example, some people had not received their medicines at the right time, or had not been observed to make sure they took them, and records about medicines had not always been completed in the right way.

During this inspection we found improvements had been made. Following the last inspection staff meetings had been held with all members of staff to reiterate the importance of following the medicines policy. Staff had attended an individual supervision session with a line supervisor to check their knowledge and competency around medicines management. Every member of staff had been provided with a 'prompt' sheet to remind them of best practices when supporting people with medicines. Staff told us about the improvements. Their comments included, "The issues around meds have usually been about recording", "supervisors do spot checks to make sure [medicines] practice is as it should be", "supervisors sometimes do double up calls so they can make a full check of [medicines] practice" and "at staff meetings we have been reminded about medicines".

Some supervisors now had specific roles as 'medication champions'. They had received additional training in how to audit medicine administration records (MARs). There were also new roles of 'medicines auditor' who checked the MARs for each person who required support with medicines. The MARs were now audited more frequently (and not less than monthly) so that any recording errors could be spotted and actioned quickly. Where a staff member had made an error they received a themed 'medication' supervision session to check their competence and see if they required further support in this task. If a staff member made a second error they receive an additional supervision session and retraining in medicine management. Any further errors were investigated and could result in disciplinary action. All the care staff we spoke with said they had received training in medicines and the training was adequate for their needs.

All the management and supervising staff we spoke with felt these actions had led to a reduction in the number of medicines errors and supported staff to understand their responsibilities in this area. One management staff told us, "I feel it's massively improved, especially as MARs are looked at more closely and we're correcting staff practice." Another management staff commented, "We're bringing in more support when staff make an error and staff are then learning from it, which improves their understanding and practice."

The people we spoke with did not have any specific concerns about medicines management. One relative told us, "They do the medication my family member needs. It's a great help." Another person said, "Staff are well trained in my tablets. My tablets are in a nomad box and the carers pick this up from the chemist. I am satisfied my tablets are dealt with properly."

People said they felt safe and comfortable with their regular care staff. For example, one person told us, "I feel safe. I like the carers they are all good. They are kind." Another person commented, "I only have one

carer comes in and I do feel safe." One person told us, "I feel safe with the carers. It could be difficult having people in your house, but they make it seem very normal."

Staff told us, and records confirmed, that they had completed training in safeguarding vulnerable adults as part of their induction training and then annually. Staff were able to describe the procedures for reporting any potential safeguarding incidents and felt confident about doing this.
We saw several examples of situations where care staff had reported safeguarding concerns about people's safety to the relevant agency. The agency staff took action when any potential safeguarding concerns were raised and reported these appropriately to the relevant agencies, including local councils and police where necessary. A local authority commissioner said the agency carried out "robust investigations around safeguardings".

The agency also provided staff with training and information about whistleblowing, which is raising concerns about poor practices. There were examples where staff had rightly raised concerns about the actions of colleagues. One staff member told us, "I have whistleblown about medication and was satisfied about how this was dealt with. The agency takes things like that seriously."

During this inspection the management staff responded swiftly and efficiently when an alert was raised by CQC. The managers made sure that extra checks were carried out and alerted all care staff to be vigilant to protect people who used the service.

Risks to people's safety and health were appropriately assessed, managed and reviewed. We looked at the care records of nine people who used the service. Supervisors who were trained in assessing risk had carried out and recorded risk assessments before the agency provided the care service. These included an assessment of the safety of the person's home and equipment, and any potential risks relating to falls, medicines, skin care and nutrition. The risk assessments were regularly checked to make sure they were still relevant. Any accidents or incidents that occurred during the delivery of care were reported by care workers to the office staff so that these could be logged on the agency's computer system. In this way these events could be checked for any trends.

Before people received a service from the agency, an assessment of their individual needs was carried out. The assessment included a review of people's mobility and whether they required two staff to support them with mobility equipment. Care co-ordinators were responsible for making sure there was enough staff in each of the geographic areas to meet all of the visits people required. This meant the agency tried to make sure the correct number of care workers would be available to carry out care.

Some of the people we spoke with had regular care staff except when staff were on holiday or sick. They told us they were satisfied with their regular care team and felt they always stayed the right length of time. For example, one person commented, "I do like the carers I have now. They stay the right length of time. The time is enough for the support I get." Other people felt there was limited consistency and they had mixed views about whether the agency kept them informed if staff had to change at short notice. Some people said there had been occasions when they did not know who would be visiting to provide their care if their regular care worker left or was on sick leave. For example, one person said, "It's ok when I have my regular carer, but if they are on holiday they send just anybody."

The staff we spoke with were positive and enthusiastic about the service. Their responses showed they felt there were enough staff to manage the workload. They said they worked extra hours when staff were off sick or on holiday and that this was generally manageable. For example, one member of care staff said, "I think they do have enough staff, but we cover a lot of work when people are off. Once or twice a month I might

cover for other people."

The agency employed about 500 care workers. The management team described how recruitment was a continuous event as there were always new care packages to be covered and a regular turnover of staff. We viewed the personnel records of six care workers. Recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the agency had checks in place to make sure that staff were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

People we spoke with felt that most care staff were well trained and competent in their roles. One person told us, "They are able to provide my care and I feel they have the training they need." Another person commented, "They seem well trained." A relative commented, "They are very well trained. One person commented, "Some girls are good and well trained at what they do and some are a bit so-so." A small number of people and relatives commented that the majority of care staff were well trained but some staff did not seem as capable. They felt this was not a training issue, as all staff received the same training, but more to do with individual ability.

People felt staff provided the right support for them. One person commented, "Staff know their jobs and are good. They ask me if there is anything else to do. I think they are really good people." Another person told us, "Overall it is OK. I don't know who I'll get each day but they do everything they should." One person said, "I'm very pleased with (the service) and it's a good help."

Staff told us, and records confirmed, they received necessary training in health and safety matters such as including first aid, fire safety, food hygiene and infection control. New staff completed a week of comprehensive week training course that was in line with the new care certificate requirements for care staff. The induction training included mandatory training in principles of care and health and safety before new staff members could start working at the service. The agency employed training officers and had well-equipped training rooms at its branch office. This meant staff could complete practical, classroom based training, for example in moving and assisting. The provider used a computer-based management tool to identify when staff had received their training and when their refresher training was due.

All the staff we spoke with felt the training was suitable to meet the requirements of their role. One staff member told us "The training is phenomenal." Another staff member commented, "I feel we get good training and it is relevant to what we do." One staff member described how they had additional training to meet people's specific needs, for example in stoma care. They said, "There is a lot of training and it is tailored to people we care for." Newer staff told us they felt they received "good" induction training and "shadowed" experienced staff before they worked with people.

All the staff we spoke with confirmed they had regular supervision. They told us they were asked how they were, any issues about work were discussed or problems they were experiencing. They seemed satisfied these would be dealt with and a satisfactory agreement reached. Staff told us they also usually discussed training needs, and any refresher training that was due. For example one staff commented, "I have supervision and am able to discuss any concerns. We discuss training needs and particular concerns about clients." We saw the supervisions records included one-to-one sessions with a line supervisors and regular spot checks. Each member of staff also had an annual appraisal of their performance.

People had mixed views about whether care staff were able to arrive on time. Some people we spoke with said the staff usually arrived on time and if not the office contacted them. For example, one person commented, "They will let us know if they are going to be late, but that has not been a problem it's usually

only five or ten minutes. We are here all day so that doesn't matter." Other people felt they were not contacted when staff were going to be late. For example, one person told us, "I've told the office staff about this before but they still don't ring if they are late."

All but one of the people we spoke with felt care staff stayed the right length of time. For example a relative told us, "My [family member] has four visits a day and they stay the time they should, even if they were running late."

Staff agreed they did not always get to calls on time. They said sometimes calls were scheduled in without any allowance for getting from one to the other. One staff member gave an example of a call at one end of a town and having to drive to the other and said the traffic was often bad so they did not get there in time. It was evident that this meant they did not always get the break they were entitled to. We gained the impression from discussions with staff that they went without a break rather than cut the calls short.

In discussions the management told us that rotas were designed in 'zones' so that staff did not usually have far to travel from one call to the next, sometimes in the same street. However, when staff were covering for sickness or other absences this could lead to staff having further to travel and subsequent lateness of calls. Additional calls were only allocated to other care staff after they had been spoken to by phone and had agreed that they can take it on.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We saw from care records that, where necessary, mental capacity assessments were carried out by the local authority if people appeared to have difficulty making some decisions. These assessments were used to establish if people were able to make decisions about their care and health needs. In these cases arrangements were made for health and social care professionals, agency staff and a relative or advocate to make decisions in their 'best interest'. This meant if people did not have the capacity to consent, they were protected in accordance with the MCA requirements.

People told us they were always asked for their permission before care staff carried out care and support. People's capacity to be involved in their own care planning was evident in their care records. People had signed any risk assessments and care plans where they were able to show their agreement and consent to the agreed support. For example, people who had the mental capacity to do so were asked to show whether they consented to their support with medicines set out in their care plan by signing the plan. Care plans also included details about whether people could give verbal permission about their care.

Care workers had a basic understanding of MCA and received training in this during their induction. However we did see one instance where a staff member had signed a care agreement on behalf of the person, which was not appropriate. We told the relevant manager about this and they agreed to revise this record.

People who required assistance with meals were satisfied with the support they received. One person commented, "They make my tea. I tell them what I want and they make it for me." Another person told us, "They always ask what I want for, example for breakfast, as I do like a change." Another person said, "They make my meals in the way that I ask." One relative said, "They prepare the food and they know what we like

and how we like it done."

Each person who used the service had had an assessment about their nutritional well-being. Where people had needs in this area they were supported with nutrition and making meals as part of their individual care package. The care plans about this were personalised and included details of people's preferred way of being supported. For example, one person's care plan stated, "I would like carer to ask me if I would like big meal or sandwiches for lunch and give me a choice of drink. Observe and encourage me to eat and log what I have had and how much I've eaten. Sit and chat with me while I have lunch. Leave me a snack and drink."

Care workers completed detailed daily notes which recorded what meals they had prepared and how much people had eaten. Care workers were aware that they needed to alert the office if a service user is losing weight and/or not eating or drinking appropriately, so that the social worker, family, and GP could be informed as required.

People told us their care workers would help them with arranging health care appointments if necessary. For instance one person told us, "They would contact doctor for me if I needed them to." One relative commented, "If my (family member) has to go to hospital the carer comes and takes her in a taxi. I couldn't ask for better."

Some people had significant care packages, up to 24 hours a day. It was evident from care records that their care workers were highly involved in liaising with other health and social care professionals about the person's health and well-being.

Good

Is the service caring?

Our findings

Some people said they had had the same care staff for years. This allowed them to develop good relationships. One person said it was just like having their family come in to help because they knew them so well. The person told us, "I really like the carers and my daughter is very fond of them. They have all come for a long time and I feel I really know them. We have lots of things in common and that really helps me to feel relaxed about having people come into my home each day."

Another person commented, "She [care staff] is lovely. She is a really nice person and I enjoy seeing her." One person said, "The staff are always chatty and kind and treat me well." Another person told us, "We have a good laugh, it's grand." Other people commented, "They have a bit chat to me when they are here, they are very good" and "the service has been marvellous, I couldn't praise it enough".

Some people's views about the agency were affected by whether they received regular care staff or not. However even people who did not have regular care staff all made positive comments about the care and kindness of care staff. Their comments included, "The girls are polite and kind", "they are very courteous" and "they are very nice". One relative told us, "They are very kind to my [family member] and do whatever I ask." Another relative told us, "It's a wonderful service" and "they are very good".

All the people we spoke with said they were pleased with the attitude of care staff. One person commented, "They are very polite. I keep saying thank you but they say 'we're paid to do that, you don't have to thank us'." Other people commented, "The carers are cheerful and seem happy in their work", "the staff seem happy and are nice" and "they never moan or complain".

People told us they were treated with dignity and staff described training they had received in 'dignity and respect'. One person told us, "The carers are polite and respectful." A relative described how the care staff treated their family member with privacy and dignity when carrying out any personal care. Another person told us, "They do respect my privacy. I was asked my preferences about female or male carers, and they make sure it's right."

People felt that care staff were patient and assisted them at their preferred pace. They told us that staff did not rush them. For example one person commented, "They are very patient. They know when to stop and step back." Another person told us, [My care staff] has enough time to carry out care and I never feel rushed." One person said, "They stay as long as they should. I take a little while but they don't rush me. "

People told us that staff supported them to retain their independence. For example one person commented, "I like to dress myself if I can and they just wait and hand me things. They are very good like that." All the staff we spoke with told us they respect people's rights to make their own decisions and choices. For example, a care worker commented, "I think people are treated with dignity and respect. We offer choices about clothes, personal care and food."

Some people described how their care staff had provided additional care above and beyond expectations.

For example, one person told us how they had rung the office in an emergency when they needed help but was not due a visit for hours. They told us one of the senior care staff came out to help them straight away. Another person commented, "If there is anything I needed doing she [care staff] would do it for me. She will sit and talk to me when she is finished providing the care." A relative described the support their family member had received for a special family occasion. They told us, "One of the staff offered to come and do her hair for her in their own time - they are very good about things like that."

Care workers were positive about their work and spoke warmly of the people they cared for. It was evident from discussions they would go the "extra mile" and said they stayed longer if the person was upset or ill and in need of a bit of comfort.

Good

Is the service responsive?

Our findings

At our last inspection in March 2015 we found the agency had not always managed complaints in an effective way. This was because some people felt their complaints were not listened to, some people felt their concerns continued to reoccur even after their complaint had been investigated, and the records of how some complaints were managed were not always completed.

During this inspection we found improvements had been made. The agency staff now acknowledged and handled complaints in a better way. Most complaints were received by telephone calls which were answered by co-ordinator staff. The co-ordinators now had a prompt form to record the detail of any dissatisfaction, such as late or missed visits. The form was then passed to the relevant manager for that area to determine what action should be taken and this was recorded on a complaints form.

Complaints records now included details of the investigation, outcome and what actions were taken including an apology where appropriate. A log was kept of the type of complaints received so that managers in each of the three areas could monitor whether there were any trends. We saw from the complaints logs that most comments had been about the lateness of visits. This reflected the comments made by people and staff members about the lack of travel time between calls.

During this inspection we saw that the family members of two people continued to have unresolved complaints about the service. Where complaints had not been resolved to the person's satisfaction or were continuing, the agency had asked social workers and other relevant agencies to assist in reaching a resolution. A local authority officer told us, "I have found that [the agency] does investigate, respond and action improvements to minimise the risk of reoccurrence where able."

All complaints were now followed up with a 'quality assurance' telephone call to the complainant around four weeks later to check whether the actions taken had resolved their issue. It was clear from the complaint records we looked at that people's comments were now acted on, and people now received a response from the agency. The records also showed that people were more satisfied with the way their complaint had been handled and appreciated the follow-up telephone call. The management staff confirmed there had been improvements in the way the agency staff now recognised, acknowledged and acted on complaints when people expressed dissatisfaction.

People had detailed written information about the service, what they should expect and how to make a complaint if they were unhappy. The people we spoke with said they knew how to make a complaint, although few had done so. People said they were confident that any issues would be looked into, although they commented it sometimes took a while for office staff to get back to them if they rang with an issue.

People we spoke with felt they received a personalised service and had some control over how that was provided. For example, several people told us the care staff "do what I ask them to". A relative told us, "The care records reflected my [family member's] care and staff followed them. My [family member] likes the rota to come so she can check who was coming and she would ring if she was not happy about it."

The agency provided care for people with a wide range of needs including support of people with physical disabilities, dementia, mental health needs and other disabilities. Before their care package was put in place, each person's needs were assessed and set out in a plan of care. The care plans included clear guidance for staff about how to support people with their needs, such as mobility, personal care and medicines.

People had been fully included in their own care planning, where capabilities allowed, and had signed their care plans record to show their involvement. The care plans were written from the perspective of the person and reflected their very specific individual needs. For example, one person's care plans stated, "My care workers can support me to communicate by being patient with me as I struggle to find the right words. It sometimes helps if you make suggestions that I can easily acknowledge." The care records included detailed guidance for staff in how to support people in the way that they preferred, for example what drink they liked to have to take medicines and which cereal they preferred for breakfast.

People kept a copy of their care plans in their own homes so they and their care workers could refer to them at any time. The care records were written in a sensitive way that promoted each person's individual support needs and their abilities. For example, one person's care records stated, "I have a great deal of positive attributes and strengths. I have a sense of humour, willingness to get to know people, openness and kindness."

Care records were reviewed at least annually or if any needs changed. We saw examples where care workers had alerted supervisors to changes in the needs of individual people and their records had been reviewed and rewritten as a result. However care plans were not dated (and the format had no specific place to record the date). This meant it was not always clear whether the care plan was the most current version. The management staff agreed to look at how this could be included in the care record format.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found that the provider had not carried out any quality audits from July 2014 to January 2016. The latest audit in January 2016 had identified several business management reporting shortfalls, some of which were also identified at the previous audit in July 2014. This meant the quality auditing process had not always led to the improvements. In this way, although the provider had quality assurance processes in place, these had not always been effective. However the provider intended that there would be a more robust quality assurance programme in place which would include quarterly quality assurance audits. At the time of this inspection it was too early to confirm whether the new quality assurance process would lead to sustained improvements.

The provider had a computer-based management system to record any events that could be used to monitor the quality and safety of the service. These included, for example, complaints, accidents, missed calls, and staff training deadlines and supervisions. In this way the agency aimed to check for any gaps or areas for improvement in the service. The provider's own quality assurance audit in January 2016 identified that the management system was not being used effectively. This meant events were recorded on the system but were not always being used to spot trends or to improve practice.

The agency managers had sent notifications about changes, events or incidents which are required to be submitted to CQC. However the provider had not made sure that all notifications were submitted to the CCQ in a timely way, and some statutory notifications had not always been sent "without delay". This was now improving after the recent quality assurance check by the provider had identified this shortfall.

The agency consisted of three 'branches' that covered Sunderland, South Tyneside and Gateshead. There were some inconsistencies between management practices in the three branches. For example, one branch area did not do weekly 'continuity of care' checks (this was a check of whether an acceptable number of different care staff were rostered to each person during the week). Where this management tool was used the care co-ordinators were able to arrange staff rotas that would have the best continuity of care (or least number of changes) for people. In discussions the management staff who did use this check felt it had led to improved consistency.

These matters were a breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

People confirmed they were regularly asked for their views of the service they received. This was carried out during quality assurance telephone calls, quality assurance visits to their home and during 'spot checks' of staff practice. People's comments included, "Someone comes from the office and checks on us regularly" and "a manager came last week and asked me all the sort of questions like are the girls polite and was I happy".

The most recent annual satisfaction survey in May 2015 was sent to 1,539 people and 566 responses were received. The responses had been analysed and collated in line with the three main geographical areas. The

results were largely positive about the control, dignity and comfort people had in the service. However about a third of all replies indicated that people did not always feel they were told about any changes in care staff or if staff were running late. Where people had provided any negative comments these were followed up via the complaints procedure or by quality assurance telephone calls. We saw that those issues were recorded on a complaints or quality assurance form and action had been taken to resolve their individual issues.

The agency had a registered manager who was also responsible for the day to day management of the agency as well as the direct management of the service provided in the South Tyneside area. She was supported by two other 'branch managers' who covered the Gateshead and Sunderland areas. At the time of this inspection the provider intended for the other two branch managers to also be registered with the CQC for this service. The agency also had a number of office-based staff including care co-ordinators and supervisors for each area. There was a clear organisational structure that identified the provider's senior management. Staff we spoke with told us there was always a supervisor on-call to discuss issues or concerns with.

Staff said there was a good culture within the service and they felt supported by their immediate line supervisor. All the staff we spoke with confirmed they could raise issues with the management and said they were "approachable". Some staff and some people commented that there were times when the response from office staff was slow, for example when waiting for a call back about rotas. Other staff felt there was "good communication" in the service and "things are dealt with promptly" by management staff.

Staff meetings were held which were used to inform staff of expected practices and any changes. At this time the provider did not use staff surveys to gain their individual views of the service. Some staff said they could give their views during their supervisions and appraisals, but were not sure if this had any impact on developing or improving the service.

Supervisors carried out six monthly 'spot checks' of individual members of staff to make sure they were carrying out their role and any support tasks in the right way. The outcomes of the checks were recorded. Following the last inspection the 'home care report books' for each person (which included daily reports and medicines records) were now brought back to the office every month. These records were checked by the 'medicines auditor', which was a new role designed to audit care and medicines administration. Where any discrepancies were found, this led to individual supervision discussions with a care staff and any retraining was identified. In this way the agency intended to improve staff practices to make sure people received safe, effective care.

We asked commissioners from three local authorities for their views about the service provided by Comfort Call Gateshead. They had no immediate concerns about the service provided by the agency. One local authority commissioner had recently carried out a full monitoring check of the service in that area and the results were positive with a score of 90%.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality monitoring system was not always effective in assessing or addressing required improvements to the quality of the service. Regulation 17 (2)(a)