

London Care Limited

Comfort Call (Worksop)

Inspection report

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16 October 2019

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Ratings

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

Summary of findings

Overall summary

About the service: This service provides care and support to people living in their own homes within the community. At the time of the inspection there were 155 people using the service.

People's experience of using this service: Staff were motivated to provide person-centred care based on people's choices, preferences and likes. People were supported to do the things they wanted to in the way they wanted. Staff dedication was praised by people who received care and their relatives. People were safe from harm because the provider had systems in place to manage safeguarding concerns and staff were appropriately trained in this area. Risks were managed safely but risk records had not always been completed effectively.

Sufficient numbers of staff were employed so that people's needs were met. People received effective support with their medicine. Guidance for staff on people's as and when required medicines was not always in place. People were supported to keep their homes clean and staff followed good food hygiene practice.

Staff were trained, skilled and well supported by the management team to do their job. People had good relationships with the staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records reflected people's current needs but required a more person centred approach. Records of people's and relatives feedback showed us staff were kind and caring. People's privacy and dignity were respected. Staff promoted people's independence in all aspects of their life. Complaints and concerns had been responded to appropriately. Quality audits had been completed but some had been missed over the last 12 months. There was a registered manager in charge of day to day operations, whose office team were in regular contact with staff and people.

Rating at last inspection: At the last inspection on 8 April 2017 we rated the service Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well-Led findings below.

Good ●

Comfort Call (Workshop)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the office inspection and an Expert by Experience spoke with clients and relatives. 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: The service is a 'domiciliary care agency' providing care to people in their own homes. At the time of inspection, the service supported 155 people.

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: We gave the service 72 hours' notice of the inspection because we wanted to make sure someone was available to speak with us. We visited the registered office on 9, 10 October 2019 and made telephone calls to people receiving a service and their relatives on 10, 11 October 2019.

What we did before the inspection: Information had been gathered before the inspection from notifications sent to us. Notifications are used to inform us about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services and reviewed other information from people who made their views known to us.

The provider sent us a provider information return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke with the three care staff, the care coordinator, area manager and the registered manager. We looked at care files belonging to six people who used the service and recruitment

files including training records for six staff. We viewed records and documentation relating to the running and monitoring of the service. As part of our inspection we invited people to speak with us about their experience of the care they received. We obtained feedback from people in a variety of ways. We met with a group of four people and one relative who received support from the service. By telephone we spoke with 14 people and six relatives so we could ask them about their views of the quality of care they received.

After the inspection: We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals who worked with the service on 16 October 2019 to gather their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Systems and processes to safeguard people from the risk of abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us they were not always notified if calls were running very late. A person said, "The communication between the carers and the office is poor, so I don't get to know when calls are going to be late. I'm in bed waiting for the carers in a morning to help me get up so I need to know when they're coming. It's no fun lying in bed just waiting." We shared this with the registered manager and they agreed to improve communication with people, staff and the office. Most people told us care calls were delivered on time. A staff member said, "I drive (to calls) and was a walker last year and always have had enough (travel) time for calls."
- People confirmed there were always sufficient staff to meet their needs and staff stayed for the duration of their calls. However, one person said, "I'm getting lots of new carers recently who don't know the routine, so I'm having to explain things over and over. I don't know why they've changed all the carers. I liked the old ones better! I do miss them." The registered manager told us they were aware of people's concerns and told us as some new staff were new to care so on going staff competency checks were being completed by management to ensure safe care was delivered.
- The provider had arrangements to cover unplanned staff absence.
- People and their relatives told us they had never experienced any missed calls.
- We checked the recruitment files of six staff members and safe recruitment and selection processes were followed.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support but records had not always been completed effectively. We reviewed people's turning charts and noted staff were not always recording when they supported someone to turn to one side. These charts support people manage their skin integrity and we found people's skin integrity was being managed effectively and district nursing teams were involved when required. Recent internal audits of these charts has seen improvements in recording.
- Risk assessments had been completed and reviewed for each person's level of risk, examples included when people needed support to move from room to another in their house.
- Records and people's care files contained signed consent that confirmed people or their representative had been involved in creating risk assessments. One relative told us, "I don't think I could manage at home without them."

Using medicines safely

- The service did not always have clear guidelines for staff to follow if people required medicines that were taken as and when required.
- Regular medicine audits had not always been completed in a timely manner. The registered manager was aware of this and was in the process of getting these completed.
- We reviewed six people's medicine records and people had been supported safely to take these. Medicine administration forms had been completed accurately.□
- Staff had medication training as part of their induction and staff had had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- We spoke with relatives and people using the service who confirmed their family members were always supported safely. One person told us, "I feel safe because the carers remind me to take my tablets every day and they make sure I'm wearing my care line before they go."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager.□□□□
- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.

Preventing and controlling infection□□□□□□

- Policies and practices in the service ensured people were protected by the prevention and control of infection. □□□□□□
- Staff had received food and hygiene training. People told us care staff left their homes clean and tidy after each visit and staff wore gloves during personal care or food preparation.□

Learning lessons when things go wrong□□□□□□

- People and relatives told us they were satisfied with the service offered.
- People told us on the odd occasion when calls were running late the office had not always informed them.
- In our group discussion people requested that they receive a copy of the staff rota. The registered manager agreed to do this. □
- Staff and management met regularly to discuss all areas of care delivery to make sure the service continued to offer safe care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they had been involved in producing their or their relative's care plan and were fully involved in annual care plan reviews. People told us they felt they could discuss any changes needed at any point and did not have to wait for the annual care plan review. A person told us, "I have a care plan review every year, but I can always ask for things to change in between. My last review was a few weeks ago and we made a few changes so it was useful."
- People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against. People told us they were always offered a preference of either a male or female carer.
- People's environment was assessed and reviewed where necessary to ensure it was safe for staff to carry out caring tasks.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed relevant training and gained qualifications to carry out their roles. People we spoke with told us staff were well trained to deliver the care they needed. A staff member said told us, "There was a lot of information during my induction and it was very helpful (for my role)."
- Records confirmed staff had received all the training required to carry out their role.
- Staff completed a training induction, regular training updates, supervision and an annual appraisal of their performance. Regular spot checks were carried on care staff when they were delivering support in people's home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported effectively with their meals. One family member told us their relative needed a soft diet and the care staff prepared appropriate meals for them. One person said, "I like my snacks and flavoured water and the carers leave me these when they go, so I can help myself."
- People's food and fluid intake was monitored. Professional advice was requested, when necessary.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked well with other agencies, health care professionals and social service officers. People were supported with improving their home environments to keep them safe and independent.

Supporting people to live healthier lives, access healthcare services and support.

- Staff supported and encouraged people to maintain healthy lifestyles and attend health appointments.
- People we spoke with had experience of care staff noticing they were unwell and contacting family members, or a GP or ambulance. One person told us, "When I had a fall, the carer found me and called the doctor. The carer waited with me for the doctor to come and that was a big help because I was a bit dazed really."
- Services of healthcare professionals were accessed as required; staff maintained good working relationships with healthcare professionals for the benefit of people they supported.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. The service worked within the principles of the MCA when people received care and treatment in their own home.

- The registered manager confirmed people would only be restricted with their liberty to make sure they were safe, following 'best interest' decisions made by the person's representative and a multi-disciplinary team of professionals.
- The registered manager and staff had a good understanding of the MCA. At the point of inspection no one had been referred to the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received the care and support they needed from caring staff. Daily records documented people's responses and communications with families or friends. One person said, "The carers are great, we have a laugh and a joke every day."
- Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to maintain their abilities and lifestyles. One person told us, "The carers will do anything I ask them to do. In fact, I think they pander to me, which I love!"
- People we spoke with were complimentary of the staff and told us staff always listened to them and acted on what they said. One person told us, "It's a pleasure to have the carers in my house. They're a lovely bunch."
- Staff told us how they really enjoyed their job. One staff member talked about how they had never worked in care before but had previously cared for a loved one and said, "I love it [my job]. My whole day is different and I really have taken to it so well. I treat service users as I or a member of my family would want to be treated." Another staff member said, "This job is like marmite, you either love it or you don't..... I do love it, I wouldn't be here if I didn't."
- Where people had specific diverse needs, staff were aware of these; they respected those differences, while maintaining an equality in delivering the service to people.

Supporting people to express their views and be involved in making decisions about their care.

- People led the way in how they wanted their care and support delivered. They made choices about bath times and pastimes. One person said, "The carers are very nice people and very patient."
- People expressed their likes or dislikes in their support documentation and staff respected these.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. One relative told us, "They (staff) always cover [relative] up with towels when having a wash. That helps protect their dignity."
- People's relatives confirmed people were encouraged to be as independent as possible. One person said, "I can mostly dress myself. The carers just help me with buttons."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved and is now rated as Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were devised with input from people and relatives and based on people's lives, skills, abilities and how they or their relatives preferred to manage their health and care needs.
- All of the people we spoke with thought their regular care workers were flexible in the care they provided to suit the person's needs on a daily basis. People told us that their regular care workers knew their preferences, likes and dislikes. One person said, "If we've got something on, the carers do their best to come a bit earlier so we can be ready to go out."
- Care plans contained the required information to support people but would benefit from being more person-centred. We spoke with the registered manager and area manager about this who advised us they had already highlighted this and a new data recording system to work alongside care plans was being rolled out by the provider.
- Staff had the skills to meet, as well as an understanding of people's social and cultural needs, diverse values and beliefs. Feedback from relatives of people who used the service showed staff responded well to meeting people's mental and physical disability needs. People and relatives were reassured that staff had good knowledge of people's needs and preferences. .
- Staff were determined and dedicated to providing a responsive service. Staff told us, and we saw documentation to show staff responded to people's changing needs. A staff member told us, "It takes a good few visits to get to know people and to read the care plan carefully to make sure you understand their needs and preferences. Treating each person as a total individual because everybody is totally different is really important."

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.

- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. For example documentation was available in a larger font to aid people with their reading.

Improving care quality in response to complaints or concerns.

- People we spoke with told us they knew what to do if they had any worries, concerns or needed to make a complaint and this was either telling a trusted care worker or ring the office. Copies of the complaint

procedures and complaints form to complete was in people's service user guide. Some people had made a complaint and felt the office staff had dealt with the complaint well and tried to resolve it. Complaints we reviewed had been responded to appropriately.

- People and their relatives knew they were able to feedback to the service about their experiences of care. 154 annual feedback surveys were sent out to people and 50 had been completed. The majority shared that their care needs were met 'Extremely Well' and 'Very Well.'

End of life care and support.

- No one was currently receiving this type of support. The registered manager told us if people required end of life support they would offer this sensitively and with appropriate medical intervention needed for a peaceful death.

- Care plans did not document people's last wishes and funeral wishes. The registered manager agreed they would be discussing this with people but as this was a sensitive subject not everyone was willing to discuss this matter. We recommended that if people decline to discuss this then their wishes be respected and recorded in the care plan.

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 Good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff demonstrated a commitment to provide high quality care through the culture they created among the workforce. People and relatives told us staff were professional and trusted.
- Staff were signed up to the service's culture and demonstrated the values through the support they gave to people. One relative spoke about the overall service and said, "I can't complain at all, they're all absolutely brilliant. They're like a second family."
- People were fully involved in discussions about their care.
- We saw satisfaction surveys completed by staff, families and service users.
- Staff told us they were able to attend staff meetings and have their opinions heard. One staff member said, "Staff meetings run (are repeated) over a few days so all staff get a chance to take part and have their say." Due to the large number of staff this allowed everyone the opportunity to take part.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes over the last year were not always completed regularly. However this had improved in recent months and audits of care records and staff files had improved. The registered manager confirmed a new data management system was being introduced to make quality audits robust and effective.
- Staff were clear about their roles, having been given information on induction and through training. They were introduced to people who used the service while shadowing other staff members. Staff shared many positive experiences about their work. One said, "I've got a lovely job." Another said, "I couldn't have wished for a better care company to work for."
- Staff told us the management were very supportive and were always available to talk they needed to talk about anything. One staff member said, "[Registered manager] has been really supportive when I was going through a very difficult time [outside of work]." Another spoke about the support they received and said, "I am very very happy with the management support."
- The registered manager was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service.

Continuous learning and improving care.

- The service was quality assessed using an internal quality audit tool. Internal audits showed the service more recently consistently achieved its targets. An action plan was produced to address any shortfalls which had also been highlighted at this inspection. Some examples included having sustained risk management monitoring and as required medicines guidance available for staff in people's care files. Improvements had begun around effective recording of risks management but we need this to be sustained for a longer period.

Working in partnership with others.

- The management and staff worked well with health and social care professionals to offer a joined up service.
- The registered manager regularly attended the provider's senior leadership team to discuss best practice and innovation alongside discussions on safeguarding, recruitment and training.