Comfort Call Limited

Comfort Call Middlesbrough

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 9 February 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. A second visit took place on 26 February 2016, and was announced.

Comfort Call Middlesbrough is a domiciliary care service which provides personal care to older people in their own homes. The service supports people in Middlesbrough, Redcar and Cleveland and North Yorkshire. At the time of the inspection 360 people were using the service.

Risks to people were assessed and regularly reviewed, and steps were taken to minimise the chances of them occurring. People were supported to access their medicines, and clear records were kept to show when they had been administered.

Staff were alert to safeguarding issues, and felt confident to raise any concerns they had to management. Staff and the people they supported thought that there were enough staff employed to support people safely and without rushing care. Checks were made before staff were employed to ensure they were suitable to work with vulnerable people.

Staff had easy access to personal protective equipment (PPE) such as gloves and aprons, to minimise the risk of infection control. During visits to people's homes we saw staff using PPE where appropriate.

Staff received a wide range of training, and felt they could request additional or specialist training if they wanted it. Staff were supported through regular supervisions and appraisals, which allowed them to raise any issues or support needs with management.

Staff had a working knowledge of the principles of the Mental Capacity Act 2005, and could describe how they obtained people's consent to deliver care and support.

Where people were supported with food and nutrition, they told us they were free to choose their meals. Staff described how they supported people on specialist diets.

The service worked with other professionals to support and promote people's health and wellbeing, including receiving specialist training from external professionals where needed.

People told us that staff maintained their dignity and promoted their independence.

People and their relatives said that staff were kind and caring, and that the support they delivered made a positive contribution to people's lives.

Where necessary, the service had procedures in place for organising advocates to support people.

Care plans were detailed and reflected people's preferences on how they wanted their care delivered. They were reviewed to ensure they met people's current needs. People said they received the care they wanted.

Procedures were in place to investigate complaints to the service, and people were informed of the outcomes.

Staff felt supported by the registered manager, and felt involved in how the service was managed.

The registered manager carried out a number of quality assurance checks, and used the results to maintain and improve standards at the service. The registered provider also sought people's feedback on the service.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to 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.

Risks to people were assessed and plans were in place to minimise the chances of them occurring.

People were supported to manage their medicines safely.

People were supported by staff who had been appropriately recruited and inducted.

Is the service effective?

Good

The service was effective.

Staff received training to ensure that they could appropriately support people, and felt able to request additional training.

Staff felt supported through supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act and consent.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good

The service was caring.

People said their dignity was protected and their independence promoted.

People and their relatives said that support was delivered with care and kindness.

The service would assist people with advocacy services if needed.

Is the service responsive?

Good

The service was responsive.

Care records were detailed, personalised and regularly reviewed to ensure they met people's current needs.

The service had a clear complaints policy that was applied when issues arose.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and included in the service by the registered manager.

The service and provider sought feedback from people in order to monitor and improve standards.

The registered manager understood their responsibilities in making notifications to the Commission.

Comfort Call Middlesbrough

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 9 February 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. A second visit took place on 26 February 2016, and was announced.

The inspection team consisted of one adult social care inspector and one specialist professional advisor. A specialist professional advisor is someone who has a specialism in the service being inspected, such as a nurse. The specialist professional advisor on this inspection had experience of nursing and managing clinical services.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities and clinical commissioning group, and the local authority safeguarding team to gain their views of the service provided by Comfort Call Middlesbrough.

During the inspection we spoke with nine people who used the service, five of whom we visited at home with their permission. We spoke with five relatives of people who use the service. We looked at eight care plans, Medicine Administration Records (MARs) and handover sheets. We spoke with eight members of staff including the registered manager, a care co-ordinator and care staff. We looked at five staff files, which

included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives said the service kept people safe. One person said, "I feel safe with [staff]." Another said, "I'm definitely safe around them. They put me at ease." A relative said, "[The person] always feels safe."

Risks to people arising out of their personal and environmental circumstances were reviewed and assessed. These assessments were used to plan care in a way that minimised the risk. Risk were assessed in areas including the environment, falls and mobility, nutrition, skin integrity, medication and emergency evacuation assessments. Risk assessments were detailed and personalised. For example, in one care plan an environmental risk assessment read, "The gas cooker is unused. Electrical appliances are in good order and [the person] knows how to use them." The same care plan later recorded, "Stair lift is fitted. This could be a trip hazard. Maintain [person's] awareness." This meant that staff using the care plan and risk assessment would be aware of the risks to the person arising out of their environment.

Accidents and incidents were investigated and recorded to see if remedial action was necessary. Records showed two recorded accidents in 2015 and none that involved people using the service in 2016. The registered manager told us that they would check for patterns if more accidents occurred. They said, "Accidents are recorded and also sent to [the registered provider] for review. [The registered provider] looks for patterns. We also add it to the branch reporting system (electronic software used by the service) so that it can be monitored."

There were procedures in place to safely support people with medicines. Staff had access to a medicines policy, which provided detailed guidance on medicines management. People using the service had varying medicine support needs, and explanations of each of these was given in the policy. A care co-ordinator explained that people's ability to manage their own medicines was assessed before their care began. Depending on the level of support needed, staff assistance could range from reminding people to take their medicines through to administration. We reviewed a number of medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. These clearly recorded the medicines that people were prescribed and when they had been administered.

When we visited people at home, we saw that MARs were also fully completed with the precise time of administration recorded. We saw staff assisting people with their medicines. Staff told the person which medicine they were taking and what it was for, and waited patiently until people were ready for the next medicine. Staff then completed the MAR immediately after the medicine was administered before moving on to any other medicines or task. One person told us how staff helped them with accessing their medicines. They said, "[Staff] help me with medicines. They give it to me and explain what it is." Another person said, "They [staff] help me with my medicines. I think they know what they're doing." A relative said, "They help [my relative] with their medicines."

Procedures were in place to report and investigate safeguarding incidents. The service had a safeguarding policy, and this outlined the types of abuse that could occur, descriptions to help staff identify them and

guidance on the procedure to be followed when reporting concerns. Staff were able to describe the types of abuse they would look out for and the action they would take if they had any concerns. One said, "If I had concerns I would report it straight away to the office, either to my line manager or [the registered manager]. I know they'd take it further." A safeguarding log was kept of incidents that had occurred, and records confirmed that these had been investigated and reported to the appropriate authorities.

Staffing levels were regularly reviewed to ensure there were enough staff to support people safely. At the time of the inspection the service employed 154 care staff, though we were told that some of those were on long-term leave. The registered manager said, "I check regularly to see if I have enough [care staff]. We're constantly recruiting, it's not just a seasonal thing. We have a relationship with the local jobcentre and they help people with applications and pay for recruitment checks. I do a report once a month and meet with [the area manager] to discuss staffing." The registered manager said they checked the available care staff on a weekly basis to ensure they were sufficient to meet people's care needs.

People said their care teams were stable and they were supported by staff they were familiar with. One said, "I do know who is coming. I think there's about four in the group." Another said, "It tends to be the same carers…I know who's coming." Another person said, "It's the same staff. Sometimes if they are off they get someone else in who is a bit unsure but if that is the case Comfort Call always make sure someone I normally have is here at the same time to supervise things and make sure it's done properly." Another person said, "What I like is the continuity, to know who is coming and when. I get that."

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed. Applicants were asked to complete an application form setting out their employment history and any care experience they had. Before applicants were offered jobs, written references were sought and disclosure and barring service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. One member of staff told us, "They did a DBS check before I started, and got references from current and previous employers." This reduced the risk of people being cared for by unsuitable staff.

There was a business contingency plan in place, to ensure that a continuity of care could be provided in emergency situations that might disrupt the service. This listed emergency contacts, alternative premises and supplier contact details.

Staff had easy access to personal protective equipment (PPE) such as gloves and aprons, to minimise the risk of infection control. Where we staff in people's homes we observed that they used PPE where appropriate.

Good

Is the service effective?

Our findings

Staff received mandatory training in areas including health and safety, food hygiene, infection control, first aid, medication, moving and handling and safeguarding. Mandatory training is training that the registered provider thinks is necessary to support people safely. Refresher training was given in these areas every one to two years. Staff also received training in additional areas, such as dementia awareness, continence care, stroke care and diabetes care. The registered provider was implementing a new training system, which involved staff knowledge being assessed through the completion of a workbook which was retained on file. The workbook also contained a certificate to show the staff member had completed training, which was signed when they had. Staff moved across to this in early 2016, and staff files contained examples of the workbooks and training certificates.

Staff thought they received the training they needed to support people effectively. One member of staff said, "The training is in-depth now. I've just done stroke awareness and Parkinson's disease awareness. We use new workbooks." Another said, "Training is quite good. It's not in big groups so you feel like you can ask questions and learn. They also put me through my NVQ."

The registered manager said, "If we take on a client with specific needs we would ask the hospital for specific training." Staff said they would request additional training if they thought it was needed, and thought it would be provided. One said, "I think they'd organise any additional training." Another said, "I've done some additional medicines training at the local university, which was arranged by Comfort Call. I wanted that to keep my skills up."

People thought that staff had the skills they needed to support them effectively. One person said, "I think they're qualified for the job they do." Another person –who was supported with their mobility said, "Staff know what they're doing with the hoist." A relative said, "When they come they get into it straight away. I think they're trained."

Staff received supervisions and appraisals to support them in their role. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions took place every three months, and appraisals were undertaken annually. Supervisions alternated between office-based discussions of general issues and themed supervisions on topics such as medicine management and record keeping. In addition to these, staff skills and competences were checked through spot checks where they were observed carrying out care. Records confirmed that staff were able to raise issues and request support at these meetings. One member of staff said, "We get supervisions and appraisals and if we have problems we can raise anything we are worried about." Another said, "They check on how you are doing at supervisions and appraisals. You can raise anything you're not sure about."

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 checked whether the service was working within the principles of the MCA. No one using the service was subject to any Court of Protection orders. Some people had Lasting Powers of Attorney (LPA) in place, and these were recorded in their care plans. Some people were living with a dementia, but they retained capacity to make decisions about the care they received. Staff had a working knowledge of the principles of the MCA. One said, "I never make assumptions about capacity. You always check the care plan." Another said, "You can make decisions in people's best interests but you should look at the care plan for information on capacity." Another said, "We don't like to take over. We try to involve people (in making decisions). If there were any concerns about a lack of capacity we would involve other services. You come to know people and can spot changes." Staff were able to explain how they obtained people's consent. One said, "I always ask for permission to do things, and wouldn't do it if people said no."

Some people received support with food and nutrition. Where this was the case, they told us that they were offered choice and that staff knew their dietary needs and preferences. One said, "They do anything I want for breakfast. They always ask what I want and we have that." Another said, "I always have the same things for breakfast and everybody knows what I have. I like to have a variety of things for dinner and they do whatever I want. I definitely get enough to eat. Nobody has ever refused to make things for me." Staff were able to tell us about people who specific dietary needs, such as soft foods or diabetics.

The service worked with external professionals to maintain and promote people's health and wellbeing. Daily care notes contained references to contact with GPs and district nurses to discuss people's medicines or appointments. One person said, "I had them (the service) in four times a day before as I was having lots of falls. They worked with the falls and reablement team to improve my mobility and reduce my hours." A relative told us that carers worked closely with other professionals involved in his relative's care, and that these professionals gave additional training to staff to ensure they could effectively support the person.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated people with dignity and respect. One said, "They [staff] always draw the curtains and cover me over." Another said, "They put me at ease and explain what they are doing." Another said, "Carers are always smart, always have a uniform on and wear a name badge." A fourth person told us, "[Staff] are always respectful and polite. I asked them to use my first name and they do. They used my surname before then. They always respect your wishes." Another said, "They're very respectful and cheerful." A relative said, "They are very good with dignity and respect…they never discuss other packages with us."

During observations in people's homes we saw that staff spoke to people politely and respectfully, asked them for permission to undertake tasks and explained what they had done before leaving.

People and their relatives spoke positively about care staff, and said they were caring and kind. One person said, "The [staff] are absolutely wonderful. I haven't a bad word to say about them. They're so caring. I know that's their role but they do it so easily…they're always so polite, they brighten my day. I have never had one who has been uncaring. I don't have a bad word to say, they're so friendly…a lot has to be fundamental in character – I think they employ some lovely [staff]." Another said, "[Named carer] is my treasure. I am very fortunate to have [named carer]. I've been lucky as I have had very good [carers]." Another person said, "I think they're very good…very kind staff who do the job well. They talk to me [when delivering care] and explain what they're doing as they go along." Another said, "[Staff] are always very nice." Another person said, "I treat them like friends." Another said, "[Staff] are very good." Another person said, "I like all the staff and the company."

People told us that staff helped them to maintain their independence. One said, "[Staff] encourage me to do things, which I like as I want to keep my independence." Another said, "I put my washing in and they take it out for me, so I can do some things for myself." In one person's daily notes, staff had recorded that the person had helped them with washing some dishes. We asked staff how they promoted people's independence. One said, "We're there to help with what people can't do, not to take their independence away." Another said, "We help to keep people independent by finding out what things they like doing."

Relatives also spoke highly of care staff. One said, "Absolutely fantastic [staff]. They couldn't do more. They are very good at personal care. They take time [to deliver personal care] at [person's] speed." Another said, "We're very happy with them. The staff are smashing, lovely [staff] who are very good with [the person]. Another relative said, "It's the best outfit I've dealt with, and I've dealt with a few. [Named care co-ordinator] knows the kind of carers we need and you get a better response from Comfort Call than other professionals. Others treat you like a number…If you wanted me to recommend a company I would say [Comfort Call].

Compliments the service received were recorded and staff were notified of them. One said, "Wonderful carers…can't speak highly enough." Another said, "I think your staff are excellent." A third said, "You cannot improve on perfection." A relative said, "The carers have helped [my relative] a lot. Takes some pressure off the family. Very grateful."

At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The service user guide given to people when they started using the service contained information on advocacy services, and the registered manager explained that this could be arranged for people who wished to have one.

Good

Is the service responsive?

Our findings

Care was planned and delivered in a person-centred way. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People and their relatives told us they were involved in planning their care, and that it reflected their preferences. One person said, "I did [the care] plan with my social worker and Comfort Call." Another said, "Someone from the office came out and asked me what I would like. They discussed it and we came up with a plan." Another person said, "The care plan covers what I want it to. [My relative] and I put it together. If I wanted anything changing I would just contact (the service)." Another said, "The [staff] do everything I want them to. For example, I like the local newspaper so a carer went out to buy it for me. Little jobs like that, or getting milk." A relative told us, "They do what we want them to do." Another relative said, "The care plan covers everything [my relative] wants."

Care plans began with the person's personal details, including emergency contacts and contact numbers and information on any other professionals involved in their carer, for example social workers. This was followed by a section detailing, 'me and my life'. This gave care staff an overview of the person's life history, including their interests and hobbies.

People's care and support needs were assessed, and care plans were produced in areas including communication, memory, mood, concentration, sleep, behaviour, making decisions and consenting, personal beliefs and social activities. These plans were fully completed and were personalised to reflect the care that people wanted. For example, one care plan said, 'My care worker can support me by…' before going on to list the help the person wanted. In another, the care plan detailed where the person would be sitting when care staff arrived at their home and detailed what the person would like help with first. Each planned visit had a time specific plan of care, which meant staff knew precisely what support people wanted at different times of the day.

A care co-ordinator told us that before people started using the service they were visited at home so that detailed instructions could be given on how they wanted their care and support delivered. A care plan was then produced, and a "meet and greet" took place between the person and care staff before the support began.

A record book was used to record the care delivered to people on a daily basis. Detailed notes were kept of the care and support given, the time and by whom. These records were also used to monitor any changes in people's support needs, and we saw staff reading them when they arrived at people's homes to check for updates. One person told us, "Every day carers write out what they have done. We talk about what they are writing in the (daily record) book."

Care records were reviewed every two months to ensure they still met people's needs and preferences. Reviews took place either on the telephone or through a visit by a senior carer. We saw that where issues had been identified, remedial action was taken to address them. For example, one person had raised a concern over the continuity of staff they were receiving during a review. The registered manager took action

to address.

There was a policy in place for dealing with complaints, and people were told about the policy in the service user guide they received when their care package began. The policy set out what constituted a complaint, how they would be investigated and the timeframes for doing so. The policy also informed people of external organisations that they could complain to, such as the local authority, if they were not satisfied with the outcome. The service had a complaints log, which allowed any trends or patterns in complaints to be monitored. This showed that there were four complaints in 2015 and none in 2016 up to the time of our inspection. Records confirmed that these had been investigated and people were informed of the outcomes. People told us that they knew how to complain and would raise any issues that they had. One person said, "I'd soon sing out if I had to, and I've never had to." Another said, "I would complaint if I needed to but I have never needed to. I won't put up with any rubbish."

Good

Is the service well-led?

Our findings

We asked staff to describe the culture and values of the service. One said, "The job can be stressful, you can become attached to people and it isn't the easiest job in the world but it is so rewarding. That's the main thing. It's rewarding to see people getting better, and making a difference to people's lives. I've seen some people that were so good after a while with us that they didn't need us any more." Another said, "It's a good company to work for. Lovely staff and people (who use the service)." Another told us, "It's a friendly place. The carers are talkative and the clients are lovely and there is a good boss."

Staff said they felt supported by the registered manager. One said, "It's not a hierarchy, more like a big team…I feel supported by [the registered manager]. If I had any concerns I could just ring in." another said, "I feel supported by [the registered manager]. You can go to them with anything and we will discuss it. Then it is put right." A third said, "Management are fine, I have never had a problem. I've always felt that I could raise any problems." Another said, "Management are approachable. It's a friendly atmosphere and [management] always do their best. You can always approach [a care co-ordinator] for a private chat."

Staff said that they received regular updates on the running of the service, either in staff meetings or through letters from the registered manager. One said, "[The registered manager] sends out letters with updates, with thanks for working over Christmas, things like that. They're used to spread updates and good practice." Another said, "We have staff meetings. They're put on rota and we discuss the workplace and any concerns we might have." A third said, "There is good communication."

The registered manager carried out a number of quality assurance checks to monitor and improve the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager or senior carers reviewed care plans whenever changes where needed, or as a minimum every 12 months. People who used the service were contacted every three months – either through home visits or on the telephone – to discuss their care and to give feedback on the service. Records confirmed that these checks took place, and that where remedial action was needed an action plan was generated to set out how it would be taken. Records also logged any positive feedback delivered at these visits. For example, in September 2015 one person was recorded as saying during a visit, 'I am very satisfied with the care provided and the carers let me be as independent as possible.' The registered manager also undertook audits of medicine administration records.

People confirmed that they were asked to give feedback on the service. One said, "I am expecting a visit this week to see how things are going." Another said, "Once a month [the co-ordinator] comes out to check that things are okay." A relative told us, "The office regularly gives us a feedback questionnaire to fill in…we would tell them if we weren't satisfied." Another said, "I get questionnaires asking how things are going."

The registered provider also carried out an annual survey of people who used the service. This was sent out directly by the head office, and the results were collected there then sent to the registered manager to review. The most recent survey took place in May 2015, and 115 people responded. 89% of people said they

were satisfied or very satisfied with the service. 7% said they were neither satisfied nor dissatisfied, and 4% said they were dissatisfied. Where specific complaints were raised on the survey, the registered manager created an action plan to address them.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.