Comfort Call Limited

Comfort Call - Kirklees

Inspection report

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Date of inspection visit:
04 January 2019
21 January 2019

Date of publication:
15 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of Comfort Call – Kirklees took place between 4 January and 21 January 2019. We previously inspected the service in November 2017, we rated the service Requires Improvement. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of our inspection 150 people were receiving care and support from Comfort Call – Kirklees.

The service had a registered manager in place. 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.

At the time of the inspection Comfort Call – Kirklees were in the process of reviewing call times and staff rotas. People told us they did not always feel safe. They did not always know when staff would arrive or which care worker would be delivering their care and support.

We found the recruitment of staff was safe. Neither people or staff felt the service was understaffed.

Staff received training and an assessment of their competency to ensure they had the knowledge and skills to administer people's medicines.

The prevention and control of infection protected people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

New staff completed a programme of induction to ensure they had the knowledge and skills to deliver effective care and support. There was an on-going programme of training and support for all staff.

People received appropriate support to enable them to eat and drink.

Staff supported peoples to access other healthcare professionals if they were unwell.

People told us staff were predominantly kind and caring although staff were limited by constraints on their time. Staff we spoke with talked about the people they supported with empathy and professionalism.

People's privacy, dignity and confidentiality was respected.

People had a care plan in place which was person centred and reflective if their care and support needs. Care records were reviewed at regular intervals.

There was a system in place to manage complaints. We saw evidence complaints were handled appropriately. We have made a recommendation about the method used to gain feedback from people who use the service.

An annual survey conducted in May 2018, evidenced some key areas of concern. Despite an action plan being implemented the feedback we received as part of this inspection evidenced the issues had not been fully addressed.

The registered provider had a number of audits in place to monitor the service and to ensure staff were meeting the requirements of their role. An operations manager visited the service on a regular basis to provide support to the registered manager and office based staff.

People received a regular newsletter providing them with information and regular meetings were held with staff.

This is the second consecutive time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they did not always feel safe as they did not always know which care worker would be attending their call.

The recruitment of staff was safe.

The management of people's medicines was safe.

Is the service effective?

Good

The service was effective.

Consent to care and support was recorded.

There was a system in place to support new staff.

Staff received regular training, supervision and assessments of their performance.

Is the service caring?

Good

The service was caring.

People told us staff were caring.

Staff treated people with dignity and respect.

Peoples confidentiality was protected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The system for seeking feedback from people had not been effective in obtaining an accurate account of people's experiences.

People had a care plan in place which reflected the care and support staff were providing.

Care records were reviewed at regular intervals.

Is the service well-led?

Requires Improvement

The service was not always well led.

An annual survey conducted in 2018 identified some areas where improvement was needed. Feedback we received evidenced these matters had not been fully addressed.

There was a registered manager in post.

Audits were completed on a regular basis to monitor the quality of the service.

Comfort Call - Kirklees

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out between 4 January and 21 January 2019. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure they would be available. Inspection activity started on 4 January 2019 when we visited the provider's office and spoke with the operations manager, registered manager and a care co-ordinator. We reviewed five staff personnel records, seven people's care records and a range of documentation relating to the management of the service. On 8 January 2019 an expert by experience spoke on the telephone with ten people who used the service and five relatives. On 9 January 2019 the inspector carried out telephone interviews with seven care workers. We also visited the providers office on 21 January 2019.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding and the Clinical Commissioning Group to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the 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. This information was used to help inform our inspection.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we rated this key question as requirements improvement. Risk assessments were in place but they did not always record sufficient detail and people told us staff were sometimes late, four staff said they felt staffing levels could be better. At the time of the inspection improvements were being made to the records relating to medicine administration. At this inspection we found improvements had been made to the quality of people's risk assessments. However, we also identified where further improvement was still needed regarding call scheduling.

When we asked people if they felt safe, feedback was mixed. The primary cause for this was people not knowing which care worker would be providing their care or what time they would be arriving. People told us; "I did up to Christmas but now I don't know who is coming, nor what time so that makes me worry", "I feel safe when I know what time someone's coming so no I don't feel safe when I am waiting and worrying", "I don't know who is coming from day to day so most of them are strangers and that's not safe is it?". And, "Not really. I ask them to shut the front door properly when they go but they don't always do it." However, some people told us they did feel safe. One person said, "Yes I feel safer because someone is checking on me." Another person said, "Yes I feel safe with the carers." A relative told us, "I feel my relative is very safe. I have to work so it is reassuring that someone is going just to check."

Two people also told us staff were frequently late. We spoke with the registered manager about this and looked at the registered providers electronic call monitoring records (ECM) for the dates the people had told us about. This evidenced all but one of the calls had been delivered within the time slot specified by Comfort Call Kirklees. One call had been late due to staff sickness and the scheduled call being picked up by another staff member. Another person said, "I never know when they are turning up so I just wait but I don't mind."

During 2018 Comfort Call – Kirklees had taken over the care provision and staff from two other service providers. The most recent of which had happened in December 2018. At the time of the inspection they told us they were in the process of reviewing staffs' calls, rota's and 'runs' to improve long term efficiency for people and staff. This was corroborated when we spoke with staff. We asked the registered manager how they were communicating changes to people who used the service and evaluating the changes they were making. They told us they had spoken with people who used the service but there had not been any written communication with people to advise them of possible changes to times and staff. They told us they were constantly reviewing the changes with the office based staff to ensure sustainable improvements were made. They told us one person who had recently transferred from another service had been unhappy with the call time allocated to them. The registered manager told us they had logged this as a complaint and were addressing the matter in line with their complaints procedure.

During November 2018 the registered manager notified us of three incidents where peoples scheduled call had been missed. The registered manager told us a member of the office team was 'on-call' each evening and over the weekend. Part of their duties included checking the electronic call monitoring system to ensure all rostered staff had commenced their scheduled calls. We reviewed these incidents and found that on two occasions the service had been notified of the missed call by a family member. This meant the system had

not been effective in identifying a staff member had failed to complete a scheduled call. We discussed this with the registered manager and the operations manager. They told us they would review the system to see how improvements could be made.

We found the procedure for the recruitment of staff was safe in each of the five staff files we reviewed.

Neither staff nor the people they supported raised any concerns regarding insufficient numbers of staff. Although two people we spoke with were concerned about the turnover of staff in the office. One of the two care co-ordinators had left the service but their replacement had commenced employment in the week prior to our inspection.

Peoples care records contained a variety of person centred risk assessments. This included their home environment, moving and handling, falls and skin integrity. Moving and handling risk assessments contained sufficient detail, for example how slings were to be applied and fitted.

An assessment of people's skin integrity was completed. The assessment advised staff of the action to take dependent upon the level of risk. For example, the care plan for one person instructed staff to maintain high levels of hygiene and monitor the persons skin. The record did not detail what staff should be observing the skin for but information was recorded as to the action they should take if they had any concerns. We also asked a member of staff about supporting people at risk of skin breakdown, they were able to tell us what they were observing for and the action they would take if they had any concerns. We the falls risk assessment for another person and saw details of how to reduce risk, were recorded.

Where people required the use of equipment to enable staff to transfer them safely, the registered manager retained a log of when equipment was due to be serviced. This ensured equipment was checked regularly to ensure it was safe.

Staff we spoke with were aware of the actions they should take in the event they could not gain access to a person's home for a scheduled call or if the person had suffered a fall. This showed staff were aware of their responsibility in keeping people safe.

A recent local authority contracts audit had identified staff were not routinely recording they had checked the water temperature was safe prior to bathing or showering a person. We saw a staff memo, dated July 2018 prompting staff to complete this check and record this in people's daily records. We checked the care records dated December 2018 for one person who staff supported to help them to bathe each week. Staff had not recorded they had checked the bath temperature, we discussed this with the registered manager at the time of the inspection.

We reviewed the medicine administration records (MAR) for six people. The entries were legible and clear. Staff signed to confirm each medicine they had administered and the time of administration. Where people were prescribed a cream, there were written instructions as to where and when the cream was to be applied.

We noted on another person's MAR they were prescribed two medicines for pain relief. A member of staff had written on the MAR to instruct staff the two medicines should not be administered at the same time. The entry was not dated. We noted the medicines had been given at the same time on at least six occasions. We discussed this with the registered manager at the time of the inspection. Following the inspection, we received an email from the registered manager to say they had contacted the persons GP. The GP had confirmed the two medicines could be administered simultaneously.

A new MAR was put in place each month, hand written by a member of staff. This was then checked and countersigned by another member of staff. We asked the registered manager how they knew the information they recorded was correct. They told us the information was taken from the information on the dossette box, compiled by the dispensing pharmacist and from the pharmacy labels on their boxed medicines. MAR's were routinely audited when they were returned to the office. However, none of the care records we reviewed contained details of people's individual medicines. Therefore there was no method to enable the auditor to check the transcribed information on the MAR was accurate. This meant a vital aspect of the auditing process was not able to be completed.

The registered manager told us staff received face to face training in the management of people's medicines, when they commenced employment. A field based assessment of staff's competency was also completed at least annually. They told us five staff had completed additional training to enable them to assess other staff's competency and support new staff with this aspect of their role. We saw evidence of this in one of the personnel files we reviewed. Where staff had recently transferred to Comfort Call – Kirklees from another service provider, the registered manager told us they aimed to competency checks completed on each member of staff by the end of January 2019.

Staff had received training in infection prevention and control. We saw personal protective equipment (gloves and aprons) were available for staff at the office. One member of staff told us, "I get them (gloves and aprons) from the office. We use them for everything, all personal care and food handling."

The registered manager and the staff we spoke with were aware of the action to take in the event they thought a person was at risk of harm. Staff also knew how to contact other organisations, for example, the local authority safeguarding team if they wished to raise a concern external to Comfort Call – Kirklees.

Where things went wrong, we saw evidence lessons learned were identified and shared with the staff team. For example, a safeguarding concern had been raised in relation to a person whose care had transferred to Comfort Call – Kirklees in early 2018. The registered manager told us because of this, they had been more robust in their initial assessment of people whose care transferred. Following a different incident where a person had not received their prescribed medicines, we saw a memo had been issued to staff with guidance and instructions.

Good

Is the service effective?

Our findings

At our previous inspection we rated this key question as requirements improvement. Where people lacked capacity to make specific decisions, records needed to be improved to evidence the service was fully compliant with the Mental Capacity Act 2005.

At this inspection we found improvements had been made.

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.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection.

The registered manager, care co-ordinator and each of the staff we spoke with expressed an understanding of the MCA and how this impacted upon the people they supported. One staff member told us, "It is about someone's ability to make choices, understanding what is said, being able to weigh up different choices." Another staff member said, "Whether they can make their own decisions and choices."

Peoples care records included individual's ability to make decisions. One care record detailed, "I can make some decisions by myself." The care record also noted the family members who supported them with more complex decisions. Care records also included a section for people to sign to consent to the care and support they were receiving.

The registered manager told us, since the last inspection they had implemented a template used by the local authority to assess people's capacity and record best interest's decisions. Where people lacked capacity, we saw decision specific capacity assessments had been completed along with evidence of best interest's decision-making. Although when speaking with a member of staff they told us about a person whose medicines were kept securely so the person could not access them. We checked their care records but there was no evidence an assessment of capacity had been completed regarding this decision. We brought this to the attention of the registered manager, who assured us this would be actioned promptly.

People's care and support was delivered in line with current legislation and evidence based guidance. This was evidenced by reviewing a random selection of the registered providers policies, peoples care records and speaking with staff.

New staff received induction, training and support. The registered manager told us new staff attended a week's face to face training before they began to deliver peoples care. New staff were then partnered with a more experienced staff member. We reviewed the personnel files for four staff who been employed at the

service for less than a year. Each file evidenced their initial training and induction.

The registered provider had recently implemented a new induction workbook. This included both a knowledge check and observation assessment from a more experienced staff member. Additional training had also been provided for six staff who were designated mentors for new staff. This showed there was a system in place to support staff.

Staff told us they had received regular training and supervision. One of the staff we spoke with told us the training they had received had been much better than the training they had received with their previous employer. Another staff member said, "I did a week's training when I started, I quite liked it, I learnt stuff I didn't know. I haven't had a spot check, not yet. But I have just completed three months here, so I am due."

The registered providers electronic management system evidenced staff had received regular training, supervisions and field based assessments of their performance. The registered manager told us all staff received two field based observations and four supervisions annually.

Care records provided information about people's nutrition and hydration needs. This included if they had any preferences or cultural requirements. The care record for one person noted, "I like a cup of tea with two sugars". Another person's record detailed, "I don't like spicy food." When we reviewed the daily care notes for this person staff frequently recorded they left them with a flask of tea. This detail was not recorded in their care plan. We informed the registered manager of this at the time of the inspection.

People were enabled to access healthcare service as required. Two of the relatives we spoke with told us "When [relative] has been poorly, they have phoned a doctor straight away and let me know. They are good for that", and "If the carers are concerned about my [relative] they always speak to me and then call the office to let them know and I phone the doctor."

Care records included the contact information for other relevant health care professionals and support services. This ensured the information was readily accessible to staff.

Good

Is the service caring?

Our findings

Feedback about care workers was predominantly positive but people felt staff were limited due to constraints on their time.

Positive comments included; "They are very good", "The staff are very good. They have a difficult job but they are good", "The carers are very friendly and do the best they can in the time they have" and "The carers are lovely but they have to come, get on with the job and go. There isn't much time for niceties." However, people also said, "They come, do their bit and get gone as quick as they can" and "They are ok but what can you say when they are just here for a few minutes then rushing off."

All the staff, including the registered manager and care co-ordinator spoke about people with empathy, respect and knowledge. We asked staff to describe what good care meant to them. They told us, "It's a person-centred approach, care at the time they want it", "Treating people respectfully, dignified. I think of the care as how I would want my relative to be treated. Treat them as you want to be treated" and "Give them what they need, no sores, clean clothes, take good care of them listen to them and report any concerns."

Staff were respectful of people's privacy and dignity. One person said, "Yes the staff are very sensitive and make I am covered up and comfy." A relative told us, "I have been there on occasions when the carers are washing my relative and they were very sensitive and respectable." We saw a memo distributed to staff in July 2018 reminded staff of the need to ensure peoples dignity was respected during personal care interventions.

We checked to see if people's preference regarding the gender of their care worker was respected. The relative of one person told us, "The only thing is, [relative] doesn't like men but they keep sending male carers". The relative told us they had not raised this as a concern with Comfort Call – Kirklees. We reviewed the care calls for this person. We saw they had female staff for all calls where they required personal care but a male member of staff did sometimes attend their tea time call to support them with their medicines. We spoke with the registered manager and the operations manager, they told us they would review the staff allocation for this person considering the information we had shared. They told us the service respected peoples preferences regarding the gender of their care worker where there was an identified need for this.

Peoples care records recorded where if they had any religious or cultural beliefs which may impact upon their care. For example, one person's record noted, "I attend church when I can". A brief summary of people's life history was also included in peoples care records. This is a useful tool as it provides insight for staff and can aid meaningful conversations and encourage social interaction and communication.

Peoples confidentiality was protected. Computers and hand-held devices were password protected. Where staff needed a key code to access people's homes, there was a system in place to reduce the risk of unauthorised people obtaining this information.

We checked to ensure people were not treated unfairly. Our review of records and discussion with the registered manager, staff, people and relatives demonstrated that discrimination was not a feature of the service.

Requires Improvement

Is the service responsive?

Our findings

Of the 15 people and relatives we spoke with, no-one had ever raised a complaint with the service. People told us, "There is no point complaining, what can they do?", "I don't bother complaining because nothing changes", "I have rung up before and they say they will sort things but nothing changes" and "The office listens but they are not the ones on the ground so what can they do?" One person told us, "I don't want to make a complaint because I have to have the carers and I am worried that I will suffer."

The registered manager told us a member of staff contacted people or their relatives for formal feedback, four times per year. One of these included a face to face meeting where there care records were reviewed. The other three, consisted of a telephone interview. This also confirmed when we spoke with people and their relatives. We saw evidence of regular telephone reviews in each of the care records we reviewed. Only one of the reviews referred to any negative feedback, "Are you told when the carer is running late – no."

This showed that although the registered provider had a system in place to seek feedback from people, this was not effective in obtaining an accurate reflection of any concerns people may have. This was evidenced through the negative comments we received from people and their relatives. We spoke with the registered manager and operations manager about this at the time of the inspection. We recommend the service seek advice and guidance from a reputable source to enable them to gain accurate feedback about people's experiences.

A record was kept of complaints received. Records included how the complaint was investigated and the outcome. We reviewed one complaint and saw that the identified actions had been completed.

The registered manager told us, when the service accepted a new care package, a member of the office team would go to meet with the person and/or their family to discuss their needs. Their care plan was then developed.

Staff told us, following the recent transfer of care packages from another service, Comfort Call – Kirklees had begun to visit people to assess them and review their care needs within a week of the handover. This is important in ensuring people and staff are safe and the care and support people are receiving is receiving appropriate to their needs.

Each of the care records we reviewed was person centred and provided sufficient detail to ensure staff could provide peoples care and support. For example, one record noted, "Give me my medication from the blister pack, put them in a saucer with a glass of water." Another record detailed, "When I use the toilet, I would like to be left alone for ten minutes" and "I need to be guided downstairs to ensure my safety."

Care records were reviewed on an annual basis, or earlier if peoples needed changed. This helps to ensure peoples care records are up to date and an accurate reflection of people's needs.

Staff received training in record keeping, as part of their induction. This ensures staff understand the

importance of maintaining accurate records.

Staff recorded the care they had provided in a log book. We reviewed a random sample and saw entries were dated, timed and signed by staff. The registered manager had a system in place to record when monthly log books were returned to the office. This meant they could respond promptly in the event a book was not returned.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. Everyone we spoke with confirmed they had information they could read or that helped their relative understand.

At the time of the inspection, no-one at the service was receiving end of life care. We asked some of the staff we spoke with about they would support a person who was nearing the end of their life. One staff member said, "We may need to ask if the care package can be increased, they may need two staff instead of one and we may need to get more equipment in."

Some people who used the service had a "do not attempt cardio-pulmonary resuscitation" (DNACPR) instruction in place. We saw the care plan records included a section to record if people had a DNACPR in place and where this was kept.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we rated this key question as requirements improvement. People did not always think the service was well led due to concerns regarding staffing. At this inspection we asked peoples opinion of the management of the service. Half the people we spoke with told us they would recommend the service to other people.

An annual survey had been conducted by the registered provider in May 2018, although the collated results were not forwarded to the registered manager until August 2018. Of the 158 surveys distributed to people and their relatives, 48 were returned. The survey evidenced key areas of concern being a lack of consistency with care workers, failing to tell people when staff were going to be late and the management of complaints. An action plan had been implemented following this. The operations manager told us where people had raised specific issues, where their identity was known, they had been contacted to discuss their concerns with them. However, the feedback we received as part of this inspection evidences that these matters have still not been fully addressed.

Staff were positive about the office based staff and how the service was operated. They told us, "Fabulous, they are liaising with us. They want to listen to us, they are approachable", "They are really good with me, very flexible with my hours" and "I feel listened to and supported." Although one staff member told us they felt the office did not always listen.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The Registered manager was supported by a regional manager who made frequent visits to the office.

A number of audits were completed to assess the quality of the service people received. Regular audits were completed on MARs and the daily records completed by staff. The registered manager told us monthly checks were also made on call time to ensure staff peoples calls were not being cut short.

The operations manager visited the office frequently and competed a monthly visit report. We reviewed a sample of reports for 2018. We saw the discussions and checks were made on a number of aspects of service delivery. For example, staff recruitment and training, complaints and risk management. However, it was not evident from the reports, if identified actions had been addressed. For example, a report dated 17 October 2018 noted 'complete out of date supervisions and appraisals'. But there was no entry on the following report to evidence this action had been completed.

The registered provider operated an online management system. This enabled the management team to have oversight of the services performance. This included staffs' training and supervisions as well as service user reviews and feedback schedules being adhered to.

A newsletter was produced by the office throughout the year. This was posted to people who used the

service. We saw the content included a reminder about the times of clocks changing in October 2018, information from the fire service about the fire risk associated with emollient creams and introduced a new staff member who had commenced employment in the office.

Staff told us regular meetings were held with them. The registered manager told us if staff were unable to attend, a copy of the meeting minutes were posted to them. This was corroborated when we spoke with staff. A record of staff meetings, including the agenda, content and attendees was retained in the office.

The service worked in partnership with other agencies. This included GP's, the district nurses and local authority contracting and commissioning team.