

Comfort Call Limited

Comfort Call Hartlepool

Inspection report

Laurel Gardens
Marlowe Road
Hartlepool
Cleveland
TS25 4NZ

Tel: 01429861960

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 November 2016, 25 November 2016 and 1 December 2016. This was an announced inspection. We last inspected the service on 30 June 2015, 2 July 2015 and 3 July 2015. We found the provider had breached the regulation relating to medicines management and the service was rated 'requires improvement'.

Comfort Call Hartlepool is a domiciliary care service, which provides support with shopping, domestic tasks and personal care to people living in four extra care schemes in Hartlepool. At the time of this inspection 78 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have effective systems in place to identify and investigate medicines errors in a timely manner. You can see what action we told the provider to take at the back of the full version of the report.

The quality of medicines records had improved since the last inspection. However, we still found there were some gaps in medicines records.

People told us they were very happy with their care and they were treated with respect by kind and considerate care workers.

Care workers had a good understanding of safeguarding adults and the provider's whistle blowing procedure. They knew how to identify and report concerns to help keep people safe. Care workers confirmed they had the confidence to raise concerns if they had any. Previous safeguarding concerns had been dealt with correctly.

A range of risk assessments had been carried out and measures identified to minimise the risk of people being harmed.

People received timely support from a consistent and reliable team of care workers. Effective recruitment checks were in place to ensure new care workers were suitable to work with the people using the service.

Plans were in place to deal with emergency situations. Incidents and accidents were investigated and action taken to help keep people safe.

Care workers received good support in order to carry out their caring role. Records confirmed supervision, appraisals and training were up to date.

Care workers had completed training on the Mental Capacity Act (MCA). People told us care workers asked them for permission before providing support.

Care workers supported people with their nutritional needs. This included preparing meals for people in line with their preferences.

Care workers supported people to attend health care appointments when required.

People gave us examples of how care workers willingly responded to their requests for assistance.

People's needs had been assessed and personalised care plans had been written. These included clear guidance for care workers about the support people needed at each care visit. People confirmed they had seen their care plans.

The provider had received positive feedback about the service when they last consulted people in May 2016. People said they were satisfied with their care and confirmed they were treated with dignity and respect.

People said they knew how to complain but did not have any concerns about their care. Previous complaints had been fully investigated and action taken to resolve the issues.

People and care workers told us the registered manager and other senior care staff were approachable.

Care workers had opportunities to meet to share their views and suggestions about the care people received.

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.

Some medicines records contained inaccurate information.

Care workers showed a good understanding of safeguarding and whistle blowing.

People received their care from a consistent team of care workers.

The provider had effective recruitment procedures.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and training was to date.

People were asked for permission before receiving care.

Care workers supported people to meet their nutritional needs and attend health care appointments.

Is the service caring?

Good ●

The service was caring.

People said they received good care.

Care workers were kind, considerate and caring.

People were treated with dignity and respect.

Care workers encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People said care workers responded to their requests for

assistance.

People's needs had been assessed. Care plans were personalised and included details of people's preferences.

People knew how to complain if they were unhappy with their care. They told us they had no concerns.

Is the service well-led?

The service was not always well led.

Medicines audits were ineffective in promoting sustained improvement in the quality of medicines records.

There was a registered manager. People and care workers told us the registered manager was approachable.

There were regular opportunities for care workers to meet.

Requires Improvement 

Comfort Call Hartlepool

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 23 November, 25 November and 1 December 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also viewed the recent inspection report from the local authority commissioners of the home.

The provider completed a provider information return (PIR) prior to the inspection. 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 spoke with 11 people who used the service. We also spoke with the registered manager, the scheme manager, two senior care workers and three care workers. We looked at a range of records which included the care records for four people, medicines records for four people and recruitment records for five care workers.

Is the service safe?

Our findings

During our last inspection we found the provider had breached the regulations relating to medicines management. This was because accurate records were not maintained to support and evidence the safe administration of medicines. Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. These included implementing a new medicines policy, reviewing medicines records, additional training, medicines spot checks, raising care worker's awareness of the importance of maintaining accurate records and monthly audits.

We found the provider had completed the actions identified in the action plan and had made some progress with medicines management. Although the quality of recording had improved, some medicines records still did not always accurately account for the medicines people had received from care workers. For example, we found gaps in medicines administration records (MARs) for three out of four people. This was because care workers had not signed to confirm some medicines had been given. People we spoke with told us they received their medicines when they were due. One person commented, "They give me my tablets."

People confirmed they felt safe. One person said, "They make sure I am okay."

Care workers had a good understanding of safeguarding adults. They were aware of various types of abuse and knew how to raise concerns about people's safety. Previous safeguarding concerns had been referred to the local authority and dealt with in line with expectations.

Care workers had been made aware of the provider's whistle blowing procedure. They told us did not have any concerns about people using the service but would raise concerns if required. Care workers told us they had either raised concerns in the past or knew of care workers who had raised concerns. They said they were dealt with "effectively, private and confidential". One care worker said, "I would raise concerns. I am not afraid to say anything. We are very open with management." Another care worker commented, "If I saw anything untoward I would go to management." A third care worker told us, "If I saw anything of a concern I would whistle blow. I would go to the manager."

Risk assessments had been carried out to help keep people safe. These included assessments of the person's home environment and other potential risks, such as falling, mobility, skin damage, medicines and poor nutrition. All of the risk assessments we viewed identified control measures to help manage any risks identified during the assessment.

There were enough care workers available to ensure people received support in a timely manner. One person said, "They turn up on time. It is always staff who I am familiar with." Another person told us, "They are usually right on time." A third person commented, "They come as quickly as they can." A fourth person said, "I pressed my pendant by mistake and they were straight there." A fifth person commented, "If I need anything I just press my pendant and they come straight away." Care workers confirmed they had no concerns about staffing levels. One care worker commented, "No problem (with staffing levels), we work as a team."

There were effective recruitment checks in place. We viewed the records for five recently recruited care workers. Pre-employment checks had been carried out to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

The provider had documented and up to date plans to ensure people continued to receive care in an emergency situation. The plan included scenarios, such as a power failure, a telecommunications failure and loss of staff or information technology.

Incidents and accidents were logged and investigated thoroughly. Incidents reports had been completed with details of what had happened on each occasion and the actions taken to help keep people safe. Actions taken included accessing medical assistance and contacting family members. Incidents had been analysed to look for any trends and patterns. The information available showed that there were no particular trends.

Is the service effective?

Our findings

People told us care workers providing their care were skilled and experienced to carry out their role. One person said, "They look experienced." Another person commented, "They do very well."

Care workers said they felt well supported to carry out their caring role. One care worker said, "We have a good relationship with seniors. We are not worried to approach them." Another care worker told us, "I am very well supported. I have a really good relationship with [scheme manager] and [registered manager]. I can go to them with anything, anything at all." A third care worker commented, "I have no problem (with support). I feel as though [manager] listens to you and would do something about it." Records confirmed care workers had regular opportunities for one to one supervision and an annual appraisal. Some supervisions had been themed to help raise awareness and understanding of specific topics, such as record keeping, skin integrity and medicines.

Training records confirmed staff had completed training they needed to carry out their role. This included training in moving and assisting, health and safety, food hygiene, infection control and first aid. One care worker commented, "My training is up to date." Another care worker said, "We all do our training together."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. At the time of our inspection the provider told us people using the service had capacity to make their own decisions. Care workers had completed MCA training. We discussed the principles of the MCA with care workers who showed a good understanding of how to support people with making decisions and choices.

People were asked for their consent before receiving care. One person commented, "They don't do anything without me saying. They always ask." Another person said, "They always check whether I need any help." A third person said care workers always asked, "Do I want anything else doing?"

Care workers supported people to have enough to eat and drink in line with their individual needs. One person told us, "They give me exactly what I want (to eat)." Another person said, "At tea time they know exactly what I like." They went on to tell us care workers still checked what they wanted first before preparing a meal. Care plans provided guidance for care workers to refer to about the support people needed with eating and drinking. Care workers told us they usually prepared or reheated meals for people or supported people to go to the on-site bistro for their meals.

Care workers supported people to attend health care appointments when required. Care records confirmed people had access to a range of health professionals in line with their needs.

Is the service caring?

Our findings

People gave us positive views about their care and said they were well cared for. One person said, "(They were) very well cared for. I can't say anything wrong about any of them." Another person told us, "I like to live in my own place like I used to do. This is the next best for care." A third person commented, "I have no regrets about moving at all. We are very happy here. Everything is very good." A fourth person said, "I am quite happy, it is all lovely." A fifth person said, "They look after me here. I couldn't wish for any better. I love it here."

The provider had received three recent compliments from family members of people who had used the service. They described the care their relatives had received as 'very beautiful', 'a wonderful example of person centred care', and, 'professional care and support'.

People told us kind and considerate care workers provided their care. One person described care workers as "very kind". They went on to say, "They are all very nice." Another person told us, "They are all nice girls that come in." A third person commented, "The girls are very very good. They make sure I am alright." A fourth person said, "I am very happy, they are all very nice." A fifth person said, "They are lovely lasses, they are smashing."

Care workers took steps to help prevent people becoming socially isolated. One person said, "The lasses (care workers) always come and have a bit chat. There is also a singer on a Tuesday night." Another person told us, "[Care worker] is very kind, really nice. We have a little chat. They never rush to get the call finished." A third person commented, "I sit down there (communal lounge) with them every morning. I am happy here." We observed care workers took some people into the communal lounge. They spent time with them chatting and having a cup of tea or coffee. Other care workers regularly took people out into the local community to do activities of their choice. Activities were available within the extra care schemes for people to access if they wished. These included social evenings, sign language classes, chair exercises and bingo.

People were treated with dignity and respect. One person staff told us, "[Care workers] are pleasant, they treat me fine." They went on to say, "They leave when I am in the bathroom as I can wash myself. They know what to do. They do make you relaxed. They treat you as one of their own." Another person said, "[Care worker] treats me well." A third person commented, "They are friendly, they are all the same." A fourth person said, "They always knock on the door (before entering) and say good afternoon." A fifth person told us, "They are very pleasant, jolly. They treat me like they are my mother or a sister. They always say good morning or good evening. They are brilliant, they are."

Care workers gave us examples of how they promoted dignity and respect when providing care. One care worker told us, "I make sure first what I am doing is okay (with the person)." Other examples care workers gave us included talking to people throughout receiving care, keeping blinds and doors shut to maintain privacy and keeping people covered when helping with personal care.

Care workers supported people to meet their choices and preferences. One person commented, "It's what I

want, they do anything for me." They went on to say, "I get up at seven on a morning, I am the first one they get up. This is fine with me I am always awake before. I like to be up." Another person told us, ""The work they do for me I can't grumble at all. What I ask them to do they do it for me." A third person said, "They do any little jobs I want doing. They are very good and are willing to do anything." A fourth person said, "If you ask them to do anything, they do it."

Care workers understood the importance of promoting independence. They told us how they would always encourage people to do as much for themselves as possible. People also told us about how care workers helped them to keep as much of their independence as possible. One person said, "It's smashing, if it wasn't for the [care workers] I wouldn't go out that door. I couldn't do without them. They are my rock." Another person said, "I do what I can, I wash the pots up after breakfast." A third person commented, "Without their help I would be lost."

Information was made available to people about how to access independent advocacy services. The registered manager told us nobody currently had input from an independent advocate.

Is the service responsive?

Our findings

People told us care workers were responsive to their needs and requests for assistance. One person said, "They will bring you lunch up if you want it from the bistro. If I want my (wheel) chair charging up they do it for me while I am sleeping." Another person commented, "You don't have to ask twice for anything."

People's needs had been assessed to help determine what support they needed from care workers. The assessment considered a range of needs including personal care, communication, mobility and medicines. People had a document entitled 'all about me' which provided a summary of what was important to each person, such as who knew them best, key things they wanted care workers to know about them and their life history. This is important so that care workers have information available to them to help them better understand people's needs. Any preferences people had about their care had been documented in their care records as a prompt to remind care workers. For example, one person preferred to have finger foods and small portions when they were served their meals.

Care plans had been developed based on the information gathered during the initial assessment. These were personalised to each individual person and gave a detailed, step by step guide to what should happen at each care visit. Where people had identified specific preferences these had been added into care plans to help ensure people received their care consistently. For instance, people's meal and drinks preferences had been included. All care plans had specific outcomes identified for people based around maintaining independence and feeling safe.

People were aware they had a care plan which was kept in their home. One person told us, "My care plan is in the book (comfort call folder). They write things down." Another person said, "I had a good look at it (support plan) and signed it. I like to have a good look before I sign anything." Another person commented, "I have a support plan. They always explain everything. We had a chat about preferences."

People were consulted about the service they received and had the opportunity to give feedback about their care. We viewed the most recent feedback available from May 2016. Feedback was positive with 100% of people stating they were either 'very satisfied' or 'satisfied' with the service. People also confirmed care workers were courteous and respectful and respected their privacy and dignity.

People knew how to complain but told us they did not have any concerns about their care. One person said, "I would just ring the office. I don't have to ring it because I have no complaints. I have never had cause to complain." One person said, "I can't complain. I have no cause to complain." Another person told us, "I can't really find anything to complain about." A third person said, "We have no complaints about the service." A fourth person commented, "I couldn't say one wrong word about them. I couldn't fault any of them."

Records confirmed previous complaints had been fully investigated and action taken to resolve the matter. Action taken included changing a person's care workers and additional one to one supervision for care workers involved.

Is the service well-led?

Our findings

Medicines audits were ineffective in identifying gaps and dealing with errors on medicines administration records (MARs). When we last inspected the service we told the provider the systems in place for assessing the quality of medicines records were not robust. During this inspection we found this remained an area requiring improvement. Although monthly MAR checks had been carried out consistently, gaps in signatures on three out of four people's MARs had not been identified and investigated. For example, one person's MARs for September, October and November 2016 contained gaps where prescribed regular medicines had not been signed for. The three MARs had been audited by senior care workers but these gaps had not been identified. The template used to record monthly MAR audits specifically asked whether there were 'any unexplained gaps.' Each month the senior care worker had answered 'no' to this question and no further checks had been carried out to ensure the person had received these medicines safely.

We saw on another person's MAR that they had one medicine with the direction 'take one tablet at night'. We saw on some occasions in October 2016 there was a record of two administrations. Although the MAR for October had been checked, the systems in place had failed to identify and investigate this error.

The scheme manager told us weekly medicines audits had lapsed recently. This had been identified during a quality audit carried out in October 2016. The scheme manager advised these were to be re-instated with immediate effect.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider carried out other quality assurance checks. These included reviews of any accidents and incidents, complaints, training and supervision and changes to care packages. Where required an action plan was developed identifying areas for improvement. Previous actions included completing the infection control audit, care workers due for spot checks and appraisals due for completion. Monthly audits were used to identify achievements made since the previous monthly audit. For example, the October 16 audit identified that a mock inspection had been completed, an action plan developed and the 'This is me' document was being rolled out across the service. This is a way of documenting in a clear way a summary of people's needs including their preferences, likes, dislikes and interests.

Care workers were also given opportunities to share their views about the service. For example, there were regular staff meetings. Care workers told us these took place regularly. One care worker said, "We have team meetings every six months." Another care worker told us they had team meetings "every couple of months". The service had developed a range of factsheets about important areas of care practice as an aide memoire for care workers. These covered areas such as skin integrity and nutrition.

The service had a registered manager. They had been proactive in submitting statutory notifications to the Care Quality Commission when required.

People told us the management team for the service were approachable. One person said, "If I needed to see [registered manager] I could see them." Another person commented, "We always have contact with [manager]. They are always there if you want to go and see them." Care workers also confirmed the registered manager was approachable. One care worker said, "I have a good relationship with [registered manager]."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to identify and investigate errors with medicines records.</p> <p>Regulation 17(1)(a).</p>