

London Care Limited

Comfort call (Westmoreland House)

Inspection report

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Tel: 01302746791

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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 announced inspection was carried out on Comfort call (Westmoreland House). Comfort call (Westmoreland House) provides support and personal care to people living in three extra housing schemes in Nottinghamshire. On the day of the inspection visit there were 36 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by a regular individual or group of staff who they knew and the staffing levels were under review. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they needed by staff who were trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and support in the way they requested. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The managers provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

Staffing levels were currently under review to ensure these met people's needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in meeting these

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good 

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and were confident any complaint they made would be responded to.

Is the service well-led?

Good 

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. Staff views were also encouraged and listened to.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

Comfort call (Westmoreland House)

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 15 June 2017 and was announced. The provider was given 24 hours' notice because the location was an extra housing scheme over three separate locations and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with eight people who used the service and three relatives. We also spoke with four care workers, the care manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person who told us they felt safe said, "I have never felt at risk of harm. Staff always speak nicely to me." Another person told us, "Yes I feel safe, they (staff) come in checking regularly that all is in order." A relative told us that staff regularly checked on their relation which they "found reassuring".

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers told us they undertook training on safeguarding and knew where and how to report any concerns. They told us they would report any concerns they suspected or identified during a visit to either the care or registered manager.

We discussed with the care and registered managers how they responded to any concerns of a safeguarding nature. They described how they took action to ensure people's safety and informed MASH. This is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire. They also identified any actions needed to protect people from similar risks in future, such as arranging for additional staff training if this was seen to have been a contributing factor in the incident. The care manager showed us the records kept of any safeguarding incidents which showed that they had followed the correct procedures when needed.

People felt safe with the care and support they received. They spoke of care workers talking to them about how to do things safely and using any equipment that was needed. One person told us, "I am reminded when I am not using it (mobility aid)." A relative told us their relation depended on care workers to assist them with any mobility and said their relation felt "safe as houses" when they were being supported with this.

Care workers told us they were aware of possible risks to people, such as poor mobility and pressure damage to their skin. They spoke of following risk assessments to keep people safe. The care manager told us they observed how people managed and would arrange for an occupational therapist to carry out an assessment if this would help the person. The care manager told us about one person they were supporting with a goal they had set to be able to walk again independently, and was making progress towards this.

People told us they received their care and support from a small group of regular care workers. One person told us, "There are enough staff, they come and visit me." A relative said their relation was supported by care workers they knew and they were always "popping in" to make sure they were alright. However one relevant professional we contacted told us they had received some negative feedback from people who used the service about the staffing levels.

Care workers told us they felt there were some improvements needed to the staffing levels due to the increasing needs of people they supported. One care worker added that they understood there was a review of staffing levels currently being undertaken. The registered manager confirmed this was taking place. A relevant professional commented that the management needed to ensure they knew what resources were

at their disposal when assessing new clients.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Recruitment files showed the necessary recruitment checks had been carried out. When application forms had not been completed in full or correctly additional information had been obtained.

People were encouraged to manage their own medicines, but support was provided to people if they required it to ensure they took their medicines as prescribed safely. A person told us, "I have a fixed time for my medication and they observe this." Another person said care workers "come and give them to me." A relative also commented that their relation's medicines were "managed safely".

Care workers told us how they supported some people to take their medicines. This included reminding people to take their medicines and providing them with any assistance they needed to do so. They also said they ordered some people's medicines for them and chased up any prescriptions that had not arrived. A record was then made on a medicine administration record (MAR sheet) to show the person had taken their planned medicine. Care workers told us they had received training on the safe handling and administration of medicines and that their competency had been assessed in supporting people with their medicines.

The care manager told us how they oversaw people's medicines support and if any care worker was not following the correct process they arranged for them to have a medicines based supervision or undergo further training. People's MAR sheets showed people had been provided with the correct support with their medicines at the time needed.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During our conversations with people who used the service and some relatives they told us staff appeared to have had the training they needed. One person told us care workers must be trained "because they know what they are doing". Another person said, "They do things the right way." A relative described care workers as "competent".

Care workers told us they were provided with the training and support they needed to carry out their work and said they could request additional training if they needed this. New staff were provided with an induction when they started to work at the service. The provider informed us on their PIR of the key training staff undertook, and that the induction for new staff included the Care Certificate. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The care and registered managers told us they had also attended management based training.

The provider informed us on their PIR how staff were supervised and appraised about their work practice. Care workers were able to discuss their work and personal development with one of the managers. In addition care workers felt able to seek advice and support when they needed this. One person told us, "If they (care workers) have any problems they telephone someone and get some direction."

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent before they were provided with any care. One person spoke of being "independent" in making decisions for themselves. Another person said they made the decisions they wanted, but added that care workers "offer good advice".

Care workers told us they obtained people's consent. They described how sometimes they needed to ask questions in a certain way to help people to make a decision for themselves. There were systems in place to obtain people's written consent. For example to show agreement with their care plan and to receive support with taking their medicines.

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.

The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves. The care manager who completed people's assessments said they would be able to carry out an assessment of people's capacity if needed. They also told us that they had attended a Comfort Call conference where they had been informed the organisation's paperwork used for carrying out assessments of someone's capacity was being reviewed.

People who required support to ensure they had sufficient to eat and drink to maintain their health and wellbeing were provided with this. People told us they ate the majority of their meals in their own accommodation, but there were occasional communal meals held. Some people said care workers assisted them with their meals which usually involved heating ready meals up or preparing light snacks. One person told us, "We eat in our flats, they (care workers) will come and help us prepare them." Another person said, "They come to see me at breakfast, lunch and dinner, they never miss it." A relative told us that their relation was having some difficulty in eating their meals independently and care workers now assisted them with this.

The registered manager told us when needed people were able to access nutritional support and they had previously involved dieticians, speech and language therapists (known as SALT), who provide advice on swallowing and choking issues, as well as a person's GP when they were having difficulty with maintaining sufficient nutritional intake. They also told us there was not anyone who required a specific diet for cultural or religious reasons.

People were supported by care workers who understood their healthcare needs and knew how to support them with these. People told us when needed care workers would call a doctor and were supportive if they felt unwell. One person told us care workers, "come and check on us if we are not feeling well". Another person said that care workers, "are ever so good if I am feeling poorly".

Care workers told us they understood people's health care needs and recognised signs and symptoms that may indicate they may need to seek further support. Care workers said that they would phone the medical advice line if needed and would carry out additional checks. The care manager said if they had any concerns about someone's health they would liaise with their relatives and healthcare professionals. The care manager also told us they ensured care workers knew about and followed any advice given for people from a healthcare professional.

Is the service caring?

Our findings

People who used the service described care workers as caring, friendly, attentive and sociable. They also told us they showed a genuine interest in their wellbeing. One person said, "We have fun, they (care workers) brighten my day up." Another person told us care workers were, "always friendly. I smile when I see them." A third person described it as "Lovely, it's a home." A relative told us how they appreciated the way staff kept them informed about their relation.

Staff spoke of 'loving their work' and how they enjoyed supporting people. One support worker told us, "It is a rewarding job." The care and registered managers described themselves as being "passionate" about their work. They also described the care workers as "brilliant" and doing an "exceptional job". The care manager said that care workers often provided people with extra support in their own time.

We received positive feedback about the service being caring from other professionals who worked with them. This included that people who used the service were happy and that care workers were kind, and that nothing seemed to be too much trouble for them to do to help people.

The provider informed us on their PIR that they took people's goals, aspirations and choices into account when agreeing their care service. People told us they were involved in planning their care and support and making decisions about this. One person told us, "I think we discussed what I wanted."

The care manager told us they completed people's assessments and care plans with them. They said they also asked people if there was anything they would like to change when they carried out care plan reviews. The care manager said that people liked to be involved in preparing and reviewing their care so they could get this right and be how they wanted it. A care worker told us people who used the service "were in charge." They added, "I want them to tell us, otherwise we might not know we are not doing something right."

The registered manager told us there was no one who used the service at present that had the support of an advocate, however there had been in the past. They told us they did not have any information they could give to people about advocacy, but thought it would be a good idea and said they would obtain some so they could do so. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that care workers were polite and respectful. One person said care workers, "always treat me with respect." Another person said they found staff were polite and gave an example that they always knocked on the door rather than just enter their flat.

The provider informed us on their PIR that staff received training about privacy, dignity and respect. Care workers described how they conducted themselves in a respectful way when in people's flats and respected their thoughts, beliefs and diversity. They spoke of giving people choices so they made any decisions and described how they provided any personal care in a way that promoted people's privacy and respected their

modesty. The care manager said that respecting people's privacy and dignity and equality and diversity were included in the staff training programme.

Is the service responsive?

Our findings

People had their needs assessed so plans could be made to ensure staff provided them with the care and support they needed. A person who used the service told us, "I have a plan [care manager] comes and checks it once a month." Another person told us, "Every visit they make they write down what they have done for me." We saw records made of people's visits described they had been provided with the support that was written in their care plan.

Care workers told us the care and support plans provided the detail they needed to meet people's needs and were kept up to date. They told us they found the plans were clear and easy to follow but said they sometimes wished there was more background information. We saw people's care and support plans described what people's needs were and how these should be met. We noted that the background information was brief and when we said this to the care manager they said they would look to include more detail in future.

People told us they received the care and support that had been planned for them to receive and this met their needs. They also said they were happy how this was provided. One person said that care workers "keep us going". Some people told us they were looking forward to a game of bingo that was arranged for that afternoon.

Care workers told us how they introduced a social aspect into the way they provided people with their care and support. They told us this included discussing current affairs and talking about their interests. A care worker said they always made sure one person knew when there was a football match on the television so they could watch this. The registered manager told us how they organised regular groups for people who used the service, such as a breakfast club and a 'knit and natter' session. They also held occasional social events such as karaoke evenings and games of bingo.

People were provided with information on what to do if they had any concerns or complaints with the service. One person told us care workers, "would take any complaint to the warden, but there is no cause for complaint here as far as I am concerned."

Care workers were aware that people were informed of how to make a complaint when they started to use the service and said that if anyone made a complaint they would pass this on to one of the managers.

Any complaints or concerns were listened to and acted upon. The provider informed us on their PIR that they adopted a no blame culture that encouraged complaint recording. The care manager told us that people were given a copy of the service user guide when they started to use the service and this contained a description of the complaints procedure. The care manager said people sometimes requested to see them as they had an issue they wished to discuss.

We reviewed the 'Comments' file which contained details of complaints made and compliments given. The complaints that had been made had been fully investigated and responded to. They also included details

about any corrective and preventative action taken to prevent a situation from reoccurring.

Is the service well-led?

Our findings

People who used the service and relatives felt the service was well run and had a positive culture. They told us they found the staff to be supportive and helpful, as well as being responsive to their requests. One person said they felt the service was "run like clockwork" and another person described the service as "personal". A different person told us, "I consider myself very lucky (to use this service) they look after me very well indeed."

The provider informed us on their PIR they encouraged people who used the service and staff to be open. Care workers spoke of the service having an open and honest culture and being able to make suggestions which were acted upon. The care manager told us that many of the ideas for activities had come from suggestions made by people who used the service and care workers. Care workers also told us that they were well motivated to carry out their duties to the best of their abilities and clearly felt proud about their work. One care worker told us people who used the service were provided with a "good experience". Care workers from Westmoreland House said they were able to meet with staff from the other schemes and share ideas when they attended training courses. Care workers told us they could always contact a manager for advice, including out of hours when there was an 'on call' service provided.

Care workers were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The registered manager told us each of the three schemes they managed had their own team meeting where current issues and standard topics such as health and safety were discussed. Each scheme had a senior care worker who met together with the care and registered managers to share ideas and discuss management issues.

The care and registered manager said they worked closely together and shared the management of the service between them. One person told us, "The warden pops along to see how we are and that everything is alright." Another person said, "Everyday life is marvellous here." Care workers spoke positively about the way the service was managed and had confidence in the care and registered managers. They described them as being approachable and having "the right manner".

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

The provider informed us on their PIR they sought feedback from people about using the service to identify themes and ways they could improve the service. People were provided with opportunities to comment on the care and support they received and their experience of using the service. One person said, "I have to sign a form every so often to confirm the staff are polite and attentive, and that everything is right." We saw some

of the compliments people had made praising the care and support they or their relations had received. During a recent quality assurance visit one person had praised a care worker for sorting out an issue with their medicines for them.

There were information systems used to provide weekly reports on the service that showed areas such as staff training and supervision were up to date and annual care reviews were taking place. There was also a monthly return which included monitoring of any incidents and concerns, such as any safeguarding incidents and complaints, as well as showing any compliments that had been received.

The provider informed us on their PIR they audited how the service was managed twice yearly. There were auditing systems in place to identify where the service was working well and if any improvements were needed. These included a six monthly audit undertaken by the regional manager and checks made of the monthly records made of people's care and support. These were to ensure they had been completed correctly and that people had received the care it had been planned they received.