

Comfort Call Limited

# Comfort Call - Oldham

## Inspection report

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12 December 2018  
13 December 2018  
17 December 2018  
08 January 2019

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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

The inspection took place on the 12, 13 and 17 December 2018 and 8 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection process.

This service is a domiciliary care agency, providing personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults who may have additional needs including physical and learning disabilities and sensory impairments.

Not everyone using Comfort Call receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 121 people with personal care.

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.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff were receiving training and supervision. This meant that staff had guidance and were appropriately supported to effectively fulfil their job.

Staff were aware of how to protect people from harm. Risks to people who used the service and staff were assessed and guidance was in place for staff on how to minimise these risks.

Medicines were managed safely and people who were supported in this area received their medicines as prescribed.

Detailed assessments of people's support needs were carried out before people started to use the service. Care plans and records developed from these were person-centred and included what was important for the person, including their routines and interests.

Care and support provided was reviewed regularly and people, and those important to them, were involved in the reviews.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met.

Staff were aware of infection control procedures and had access to appropriate equipment.

Staff always consulted and sought people's consent before providing support. The requirements of the Mental Capacity Act (MCA) 2005 were being met.

People told us they usually had regular staff supporting them and staff were nice and caring. Staff knew people well and enjoyed their role in supporting people.

There were robust systems in place to audit and monitor the quality of the service provided. People's views on the service and the company were sought and this information was used to develop action plans and drive improvements.

Accidents, incidents, safeguarding concerns and complaints were investigated fully and action taken to reduce the risk of reoccurrence. This learning was shared throughout the provider's other locations.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

## 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 remains good.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to undertake their role.

The service was working within the principles of the mental capacity act.

The service worked closely with other health professionals.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains good.

# Comfort Call - Oldham

## **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 12, 13 and 17 December 2018 and 8 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available. We visited the office location to review care records, policies and procedures and visited one supported living facility. The inspection team comprised of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had personal experience of older adults, adults with dementia and adult social care services in a variety of settings.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. Notifications are information about important events which the provider is required to send us by law. We also asked the local authority and other commissioners of care and Healthwatch for their views on the service. Healthwatch is an independent organisation which collects people's views about health and social care services. This information was used to identify key lines of enquiry as part of the inspection.

During this inspection we had telephone discussions with eight people who used the service and four relatives about their views of the service and the quality of the support they received. In addition, we spoke with the registered manager, the regional manager, and 10 care staff.

We looked at seven people's care records, a range of documents relating to how the service was managed including; five staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

At the last inspection the service was found to be safe and at this inspection we found that the service continues to be good in this domain.

People confirmed that they felt safe with the staff who supported them and told us, "They're very very good" and "absolutely superb."

We saw that the service had safeguarding policy in place and when concerns were raised these were investigated by the registered manager and learning and action was taken to reduce the risk of reoccurrence. Staff had completed training in safeguarding and were able to demonstrate a good understanding of how to keep people safe. Learning from safeguarding incidents were embedded within the service through the use of themed supervisions, team meetings and ongoing learning and shared within the wide organisation.

Safety was considered within people's care records and important information relating to people's care needs, and emergency contacts were easily accessible as part of the front sheet of information. People received a full assessment prior to commencing a package of support and this was used by the registered manager to develop care plans with people. Care records had individual risk assessments which told staff how to support people and reduce risk. Staff we spoke with were aware of these and knew how to support people safely.

Accidents and incidents were monitored and investigated fully by the registered manager. The service liaised with relevant people including healthcare professionals and families to help reduce risks in this area.

The service had policies in place to keep people safe, including environmental and health and safety policies. Staff received training in areas such as health and safety, food hygiene and moving and handling to ensure they had the knowledge and skills to support people with their individual needs.

There were business continuity plans in place and guidance and risk assessments for specific circumstances such as bad weather. These guided the staff and ensured that the service could support people appropriately in emergencies and effectively prioritise people's needs. The registered manager had made arrangements to ensure staff could continue to support people in extreme weather through arranged access to four-wheel drive vehicles in such circumstances.

There was a sufficiently robust system to recruit staff. The recruitment records we viewed demonstrated that staff completed an application, attended for interview and that references, proof of identification and information from the Disclosure and Barring Service (DBS) were sought prior to being employed. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help ensure people are protected from the risk of unsuitable staff being employed.

We looked at whether there were sufficient staff available to support people. People told us that staff always attend but would sometimes be late. They said "They might come between 10 and 10:30 but I've never needed them to let me know. I've never had a missed call," "If timing varies, it's probably because they're short staffed" and, "it's very rare that they are late." We looked at rotas and that saw that travel time was not consistently factored into rotas. We spoke with the registered manager about this and they advised that the rota system was an ongoing area of work and a system of templating was being introduced within each area to support more effective planning of calls and travel for staff. Staff told us that they felt they generally had enough time to support people and travel between calls.

However, some staff members felt there was not enough staff to meet the needs of those requiring support in the evening. One staff member told us, "They are struggling to keep carers probably because they are run off their feet." The registered manager advised us that there was an ongoing recruitment drive and recognised the challenges of this.

We saw that staff received training in infection control. Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and wore these when supporting people with care. People confirmed staff used PPE when supporting them. This helps protect people from the risk of cross infection when receiving support with personal care.

People were supported with medicines appropriately. People who received support in this way were happy with how staff supported them in this area. The Medicines Administration Records (MARs) were generally completed accurately and records were checked regular by senior staff to quickly identify and address any issues in this area. The registered manager kept a record of any medicines errors and we could see that action was taken to ensure people were safe when errors were made. This included seeking medical advice and learning from mistakes to prevent reoccurrence. Staff told us they received training in the administrations of medicines and spot checks were in place to look at staffs' competence to administer medicines. Risk had been considered and people had medication risk assessments completed within their care records. This included consideration for those who did not require support to take their medicines from the service.

# Is the service effective?

## Our findings

At the last inspection we found the service required improvement in this domain. This was because we found that some members of staff had not received updated training in the administration of medicine or had a recent competency check in this area. At this inspection we found evidence that improvements had been made and the rated the service as good in this domain.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 make 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. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records demonstrated consideration was given to whether a person could consent to their care and support and documented how this consent would be given. People we spoke with confirmed staff sought their consent before supporting them and would explain what they were doing when delivering care. One person told us, "If they [staff] don't understand what I need, I tell them." We saw that competency checks also reviewed how staff supported people in this area.

Staff records demonstrated that staff had completed training in the MCA and DoLS and the staff we spoke with demonstrated they had an understanding of these issues and how they applied to working within a domiciliary care service.

Staff completed training and updates and staff confirmed these were generally useful and helped them to prepare for the role. One member of staff told us "I'd prefer face to face training as I learn better that way" whilst another member of staff told us, "we're training all the time, you can request extra training if you're not confident in doing something." People told us staff were well trained and knew how to safely support them. One person told us, "We have a routine; they don't have to be asked."

When new staff began working for the service they received a new starter guide and employee handbook. This provided staff with the information they needed to understand what was expected of them. Staff completed an induction period of training and shadowing prior to working independently. This included completing a "fitness to practice passport" which helped staff to apply theory to practice within the care setting.

We saw records that demonstrated that staff received regular supervision and support. These covered general and service user specific issues. Themed supervisions were used which covered areas such as choking risk, record keeping and safeguarding. The registered manager told us that supervision was used to provide staff with as much support as they needed and a flexible approach was taken based on individual



staff needs. Staff confirmed they felt supported and told us, "We get plenty of support" and, "back up is always available."

We saw that competency checks were undertaken by senior staff to ensure that carers were providing suitable care and support. These checks covered areas including the quality of practice and care and were used to inform discussion within supervisions.

We saw that people's care records contained detailed information about how they needed supporting with eating and drinking, if this was an area of support that was required. For example, one record stated, 'I require my food to be cut into small pieces and need a straw in my drink,' whilst another stated 'I can chew and swallow my food with no difficulty'. Daily records provided information about people's nutritional status and, where required, daily food and fluid intake records were maintained. Staff had completed training in relation to supporting people in this area and themed supervision and prompt sheets helped remind staff how to safely support people and reduce the risks of malnutrition and choking.

There was evidence that the service had close working relations with other health care professionals and would liaise with, and make referrals to, service including district nurses, safeguarding services and doctors to ensure people received the support they required. People told us they were confident that staff would identify if a person was becoming unwell and would seek appropriate support and gave us a number of examples of when this had happened. One person told us, "They would call a doctor without a doubt" and a relative told us, "It was the carers who first suspected my [family member] had diabetes and also cellulitis."

# Is the service caring?

## Our findings

At our last inspection we found the service was good in this domain and at this inspection we found the service continues to be good in the caring domain.

We asked people whether staff were caring. They told us that staff were good and said "they always make time for a chat and a laugh. They're good girls," "We're friends" and, "they never leave until they've finished." People we spoke with gave us examples of the mutual relationships they had with staff, "we chat, ask about each other's families and so on." Staff spoke positively about the people they supported and one staff member told us, "staff really care, it's much more than just a job to us" and, "staff care about people. Its passion and commitment in equal measure." We saw that the service had received a number of compliments about the quality of care which had included, "The care provided and upbeat spirits of the [staff] were outstanding."

People told us that they were generally supported by the same staff. They told us, "One's been coming for eight years. It's usually the same ones," "It's usually the same carers, but the different ones are still nice" and, "I have two regular girls and couldn't ask for better." Rotas confirmed that people were generally supported by the same staff. The consistency in staff allows people to receive support from staff who know them and their care needs well. The staff we spoke with knew people and their care needs well and this knowledge allowed changes in care needs to be more readily identified. Staff spoke positively about the people they were supporting and one staff member told us, "It feels like a family rather than a job."

We looked at how they service supported people to remain as independent as possible and found this was reflected in people's care records and the support offered by staff. Care plans contained detailed information about what people were able to do and what they needed support with. People confirmed independence was promoted and told us, "They let me do as much as I can" and, "I don't get molly-coddled (overprotected) and I don't want to be. They certainly have me doing what I can," whilst a relative told us, "They encourage [family member] to have a go."

People told us they were supported to make choices. They told us, "[Staff] will pick up stuff from the shops if you ask," "Without doubt they listen to me. ...They make me a cup of tea if I want and they're always picking up the things I drop because I can't" and, "The carers do lots of things, anything to help my [family member] and me too."

People told us that staff treated them with dignity and respect. People told us that their privacy and dignity was maintained and told us staff were "always polite." Relatives confirmed this and told us, "are they kinds? Good Lord, yes" and, "They always make sure my [family member] is properly dressed and clean." Staff received training on privacy and dignity as part of the fitness to practice training completed when staff first commenced employment for Comfort Call and this was embedded within staff supervisions and onsite spot checks.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people

were not treated unfairly because of any characteristics that are protected under the legislation. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. The service had relevant equality policies in place and considered any individual needs included protected characteristic as part of the care planning process. Staff received training in these areas and equality and diversity was also considered within supervisions and spot checks.

The service had an advocacy policy and the registered manager told us they would identify people who would benefit from an advocate and would encourage and support people to access this service.

We saw that people's personal information was securely stored within the office whilst separate copies of people's current information were maintained within their home.

## Is the service responsive?

### Our findings

At the last inspection we found the service was good in this domain. At this inspection we found the service continues to be responsive.

The registered manager told us that the carers were good at reporting any changes in people's care needs and this would lead to a review of people's care records. Generally, staff told us they got updates from the office to let them know when people's needs had changed, although some members of staff felt that the communication could be improved. We saw people's care records were reviewed regularly and in line with any changes in people's care needs. People told us they were involved in developing and reviewing care plans and felt they were person-centred. One person told us, "My care plan is reasonably well tailored to me," whilst a relative told us, "the carers always keep me informed."

The care records we reviewed were person-centred and holistic and covered a variety of topics including communication, memory, behaviour, mobility, nutrition. People's goals were considered and detailed information about how people would be supported during calls to reach these goals were provided to guide staff. There were individual risk assessments which were regularly reviewed and provided guidance to staff to enable them to reduce risks to the people they were supporting. Information about people's life history and religious and cultural needs were recorded. This helped staff to understand and develop rapport with the people they were supporting.

Staff completed daily records of how people's support needs were being met. These generally demonstrated that care plans were being followed. The service audited these records and we could see that action was taken with staff when records were not accurately and fully completed.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. This meant staff understood how to best communicate with people. People could receive information in formats they could understand, such as in easy read or large print and the service could provide information in other languages if required.

We looked at how the service supported people to raise concerns and make complaints. The service had a complaints policy in place and people told us they would raise concerns if they needed to. They told us, "They'd know about it if I said I wasn't happy" and, "I'd ring the office if I had any concerns, but I've not needed to." The people we spoke with told us, "I've no complaints" and, "I'm always pleased with the care." The registered manager kept a record of concerns raised and complaints made and these were analysed monthly. We saw that the complaints received had been investigated and feedback offered to the person raising the concern.

The registered manager told us that the service was looking at how technology could be used to support

individuals and improve services. We saw examples of how people had been supported to access technologies, such as pendant alarms to enable them to raise an alarm in the event of a fall. The service had invested in information technology to help with the scheduling of rotas to reduce levels of travel between calls and had systems in place which gave the registered manager oversight of when action was required, such as care plan reviews and staff training.

At the time of inspection there was nobody who was in receipt with end of life support. The registered manager was able to give examples of how people had been supported at the end of life and worked closely with other professionals such as district nurses to provide appropriate support. We saw a number of compliments from relatives of people who had died complementing the quality of care that had been given which referred to the 'the care of your excellent staff' and how staff had wanted to support people to "die with dignity and comfort" and provide support to the family.

# Is the service well-led?

## Our findings

At our last inspection we found the service was well led and at this inspection we found that the evidence continues to support this rating,

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service had a registered manager who had been in post for three years.

People we spoke with told us they felt service was well led and said, "It's well managed as far as I'm concerned," "I'm happy with the service as it is" and, "Everything runs smoothly." Staff generally felt that the office was well managed and said, "I have no complaints," "I wouldn't change anything" and "I don't have much of a problem."

All staff we spoke to felt able to raise concerns with the registered manager and management team and felt that things would generally be addressed. One staff member told us, "everything is working fine, I feel ok raising things and they get dealt with." However, one member of staff raised that things weren't always dealt with and they did not receive feedback when they had raised concerns telling us "communication from the office could be better."

Staff told us they felt they received the support they needed to perform their role. One member of staff told us, "the care co-ordinator is really good, back up is always available" and another staff member told us, "everything is fine, it works well." The service held regular team meetings which provided staff with updates regarding the service, as well as providing opportunities for learning and discussion. The registered manager told us they undertook staff surveys to obtain feedback from staff but that these generally were not well responded to. The majority of staff felt able to raise concerns and feedback through other methods.

We looked at how people were involved with the service and providing feedback to drive improvement. We saw that the service provided quarterly newsletters which provided people with updates and information. People's care records evidenced that quality assurance contacts occurred to obtain feedback about the views of the service from people and family members.

Surveys were sent to people and their families annually, and we saw this information was analysed and used to develop action plans. Any positive feedback was passed on to those concerned and had resulted in a number of staff having received commendations for good practice and being caring. The overall feedback from the last survey was generally positive although concerns had been raised about calls being late. We saw that there were actions to address the areas for improvement and we could see that work was being undertaken to complete these actions.

There were governance systems in place which included a variety of audits for people's care records,

accidents and incidents, missed calls and complaints. Notifications of incidents were being sent to the CQC appropriately by the registered manager.

Information from audits was collected and inputted into an electronic system, which allowed the provider to have overview and monitor the quality of care being delivered. The provider had staff who took lead roles in key areas such as risk, complaints and safeguarding. These lead roles maintained regular oversight of their areas analysing information and sharing learning across all the providers location. This system provided the registered manager with an action plan and highlighted when actions such as training renewals and peoples care record reviews were due. The provider monitored this and would arrange for additional support if the service was not meeting targets.

The registered manager was committed to driving improvement throughout the service and working closely with commissioners and the local authority to develop learning and improvement.