Comfort Call Limited

Comfort Call - Monica Court

Inspection report

Monica Court
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16 November 2020
17 November 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Monica Court is an extra care scheme, there are two other extra care schemes attached to this registration, Mount Carmel and Moore's House. Extra care scheme's operate in purpose-built properties, which provide accessible and safe housing for older people who are unable to live completely independently. Each person lives in their own flat but has access to a shared lounge and communal dining area. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The service had policies and procedures in place for the safe administration and use of medicines. However, these were not always followed. Medicines administration records (MARs) did not always clearly indicate if the dose of medicines administered was in line with the prescriber's instructions. People we spoke with told us they received medicines safely and on time.

Peoples records were not always up to date and we found gaps in repositioning charts and food and fluid charts, although when we reviewed people's daily notes, we found these tasks were taking place.

Mental capacity assessments had not always been completed for individuals that may lack capacity. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Safeguarding policies and procedures were in place and staff knew how to access these. Safeguarding referrals were made when needed, however, lessons learned were not always taking place.

Peoples care records showed that risk assessments had been completed for various aspects of care but, there were no personalised COVID-19 risk assessments in place.

People told us they did not always feel the service was adequately staffed. For example, there were inadequate numbers of staff on duty at night time.

The service had adequate supplies of appropriate personal protective equipment (PPE) meaning that people were better protected against the risk of infection.

Relevant notifications were being sent to CQC for notifiable events.

Most staff told us they felt supported in their role and they enjoyed their work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 16 November 2018)

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care settings even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Comfort Call - Monica Court on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to good governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Comfort Call - Monica Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector, a medicines 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 care service.

Service and service type
This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

At the time of the inspection the service had a manager that was in the process of registering with the Care Quality Commission. Once registered this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was to allow the service and the inspection team time to assess any potential risks during the COVID-19 pandemic. Inspection activity started on 13 November 2020 and ended on 17 November 2020. We visited the office location on 13 November 2020.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with 10 members of staff including the manager and regional manager.

We reviewed a range of records. This included five people's care records and four people's medication records. We looked at three staff files in relation to recruitment. We reviewed a variety of records and audits relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Staffing levels were not always safe. We reviewed one person's care plan which identified two members of staff were required to provide personal care, however on some shifts only one staff member was on duty. This meant this person was at risk of not always receiving safe care and treatment. One person told us "I've had to engage in unsafe practice at night. I need two carers to use the hoist but there's only one carer on at night, so we've had to manage with one. It's not good."

● Some care staff expressed concern about staffing levels. Comments included, "It's not enough; we had one person who had to be hoisted at night, he couldn't get to the toilet so we couldn't provide personal care at night to him if needed" and "I can't assist with certain residents who need things like double calls, there are two people like that I think, so I can't change their pads or take them to the toilet; sometimes by the time another carer comes in they can be extremely wet."

We found no evidence that people had been harmed, however, the provider had failed to ensure that enough staff were always available to provide required care. This put people at increased risk of harm.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

After the first day of inspection the provider engaged with the local authority to discuss the staffing arrangements in order to resolve the issues we raised.

● Safe recruitment procedures had been followed with the necessary checks in place.

Using medicines safely

● Individuals MARs were not produced and checked robustly. Some administration instructions were missing from MARs which made it difficult for staff to follow the services medicines policy. This posed a risk in administration and in communicating medicines information when transferring between care providers.

● Individuals allergies were not consistently recorded. This increased the risk of people receiving medicines which they were allergic to.

● Medicines care plans were not always person centred, some lacked detail around individual needs and preferences for the medicines people took.

● Some people's MARs had missing signatures, we were unable to determine if this was an absence in recording, or if medicines had been missed.

We found no evidence that people had been harmed, however, the provider had failed to ensure that medicines records were detailed and fully completed. This put people at risk of medicines errors occurring.

This was a breach of Regulation 17(2)(c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

● Safeguarding processes were in place and necessary referrals were made to the local authority.

● People told us they felt safe living at the service. One family member told us, "This is a safe, secure and happy place for [my relative] to live in. It's a big relief to know [my relative] is safe."

● Most staff had an understanding of what safeguarding was and who to report any concerns to. Safeguarding training was up to date.

● People's care needs were risk assessed and care plans were organised into specific areas, with related risk assessments completed for each person. However, people did not have a COVID-19 risk assessment in place. This meant that individuals circumstances and any underlying health conditions had not been considered in relation to the pandemic. The provider started working on these risk assessments after the inspection.

● People had evacuation plans in place, in the event of a fire at the service.

● The home had effective systems in place to ensure that equipment was safe and fit for purpose. Safety certificates were in place and up to date.

● The process for reviewing and learning from safeguarding's, accidents and incidents required strengthening. This is covered in more detail in the well-led domain.

Preventing and controlling infection

● People were admitted to the service safely.

● The provider was using PPE effectively and safely.

● The provider's infection prevention and control policy was up to date.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records relating to auditing, medicines, accidents and incidents lacked detailed information relating to lessons learned.
- Repositioning charts, food and fluid charts and MARs were not always completed. Daily notes showed care was delivered, but charts used to record the activity were not updated.
- The service had a medicines policy, although staff were not always aware, and did not always follow this.
- Medicines audits were being completed, but the results of these did not identify issues found on inspection.
- Medicines related incidents were not always recorded and reported in line with the services policy. For example, some errors were logged on staff supervision records, but these were not then documented on their internal reporting system.
- Mental capacity assessments and subsequent referrals to the local authority were not always being made for people who were thought to lack capacity.

We found no evidence that people had been harmed, however, records were not always completed, quality assurance systems were not robust, and learning was not always identified.

This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good Governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It is a legal requirement to display performance ratings from the last CQC inspection. We saw the last rating was displayed within the service.
- Staff we spoke with told us the manager was approachable and they were able to raise any concerns with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider reported accidents, incidents and concerns to CQC and the local authority, in a timely way.
- A duty of candour policy was in place for staff to follow.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they had regular staff meetings and we were able to review the notes from these meetings.
- The service had conducted a residents' survey in September 2019. Some actions had taken place in response to negative feedback raised within these surveys.
- The service worked in partnership with various local authority's and health teams.
- One staff member told us that before COVID-19 they used to involve the community in providing activities for people. Some of the activities they provided included a pet store that came in with animals to pet and 'incredible edibles', and the local schools choir came in at Christmas to sing to people. During the pandemic they had managed to maintain holy communion once a month, where people wished to participate.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always completed in relation to repositioning charts, food and fluid charts and medication paperwork. Capacity assessments were not always completed where needed. Quality assurance systems were not robust, and learning was not always identified. Regulation 17(2)(C).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that enough staff was always available to provide required care. This put people at increased risk of harm. Regulation 18(1).