

# Comfort Call Limited







# Comfort Call - Leeds

## Inspection report

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### Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

### Overall summary

This was an announced inspection carried out on the 20 October 2015. This was the first inspection of the service.

Comfort Call-Leeds is a domiciliary care agency which provides personal care to people living in their own homes in the Leeds and Kirklees area. Comfort Call-Leeds provides assistance and support to people to help them maintain and improve their independence.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC) but they were no longer working for the agency. 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 and associated Regulations about how the service is run. A manager had been employed since July 2015 and had applied to register with CQC; however, at the time of our inspection they were working their notice.

# Summary of findings

We found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The provider's quality assurance systems were not always effective to ensure identified actions were addressed to improve the service.

Overall, people we spoke with told us they were happy with the care they received from the service and that staff were trained to meet their needs. Some people who used the service told us they did not always receive consistent care workers and that they were sometimes late for their calls.

We found there were systems in place to protect people from the risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and staff showed they understood how to ensure their practice was in line with the MCA.

Staff received support to help them understand how to deliver good care; they spoke highly of their training and induction. However, we noted that refresher training was needed for a number of staff in some topics. Staff said they received regular supervision of their work to ensure their practice was assessed.

People told us they got the support they needed with meals and healthcare.

People got opportunity to comment on the service and knew who to talk to if they wanted to discuss their care or raise a concern.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Medication practice was not always safe and improvements were needed. There was a risk that people would not receive their prescribed medications as directed.

People's views were mixed on whether there were enough staff to provide them with consistent staff to meet their needs.

Staff knew what to do to make sure people were safeguarded from abuse and any risks were identified and managed to ensure people's safety. A robust recruitment process was followed before staff were employed by the agency.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely. However, some refresher training was overdue.

People consented to their care and support. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

The service provided support with meals and healthcare when required.

**Requires improvement**



### Is the service caring?

The service was caring.

People were very complementary about the staff and told us their overall experience was positive.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive.

People told us the care they received matched their preferences and needs.

People's care and support needs were assessed and plans identified how care should be delivered.

People knew who to contact in the care agency if they needed to raise any concerns.

**Good**



### Is the service well-led?

The service was not consistently well-led.

**Requires improvement**



## Summary of findings

The provider's quality assurance system was not effective which could lead to potential risks being overlooked.

People who used the service told us that overall, they found the management team friendly and responsive to any queries they raised about the service.

Staff said they felt well supported by the management team.

# Comfort Call - Leeds

## 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 20 October 2015 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector, a specialist advisor in nursing and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in domiciliary care services.

At the time of this inspection there were 143 people receiving personal care from Comfort Call-Leeds. We spoke on the telephone, with 13 people who used the service, three relatives and nine staff. Two other people who used the service were contacted but did not wish to speak with us. We visited the provider's office where we spoke with the manager, the training manager and two care co-ordinators. We also spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care and support plans and six people's medication records.

Before our inspection, we reviewed all the information we held about the service, including statutory notifications. We contacted the local authority and Healthwatch in both areas of service provision. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People who used the service told us they received appropriate support with their medication. One person said, “Once-a-day my carer has to help me with some cream for my back. She makes sure this is applied and always writes in the book that she has done this for me. She will usually tell me when the cream is beginning to run out so that I can ask my son to order it for me from the doctor.” A relative told us, “My mother has help with her medication once a day. Her carer ensures that she has a drink and then watches while she takes the tablets as she can decide that she is not in the mood for them if we are not careful. As far as I’m aware there aren’t any problems and they always write in the book to say that she has taken them.”

One relative told us their family member had difficulty in swallowing tablets and that the care worker had suggested crushing the tablets and putting them in her family member’s food. We contacted the manager to ask if this had been agreed as safe practice by a pharmacist to ensure the medication remained effective if administered in this way. The manager agreed to look in to this to make sure the practice was safe. Staff we spoke with said they would never crush any medication without first being told it was safe to do so.

We looked at the systems in place for managing medicines and found that appropriate arrangements were not in place to assist or support people to take their medicines safely. We looked at medication administration records (MAR’s) for six people and saw there were gaps in recording administration which meant there was a risk that people who used the service had not received their medication as prescribed. Staff had either failed to sign the MAR chart correctly to say medication had been given or failed to use the correct code as to why medication was omitted.

We saw for one person that a pain relief patch was prescribed to be administered each Tuesday. On one week of the MAR chart, the patch had been signed as administered for five days in a row; however, four of the signatures had been scribbled out; indicating the patch had been administered on a Wednesday. The following week, the patch was signed as administered on the Tuesday which meant the patch had not been changed weekly as prescribed. The MAR for the next week showed the patch had been administered twice in one week. We

brought this to the attention of the manager and asked that the matter be referred to the local safeguarding authority so that the matter could be investigated to make sure the person who used the service received their pain relief medication as prescribed. This was done during our visit.

The medication patch was a controlled drug (medicines liable to misuse). The manager of the service did not know this was a controlled drug and no arrangements had been put in place to treat it as such. The provider’s policy clearly stated that any controlled drugs administered should be recorded on a ‘controlled drug record sheet’ and monitored fortnightly to ensure any potential problems such as storage and stock build up were identified. There was no evidence that this policy had been adhered to in ensuring safety or that any risks were identified. Staff we spoke with who administered controlled drugs said there were only the regular MAR charts in place for them to record administration of controlled drugs.

We saw two medications that were prescribed to be taken at night had been signed for in the morning on one week as well as at night; but the morning signatures were scribbled out; with no explanation of why. It was therefore, unclear if the person who used the service had received their medication at the right time. We also saw for this person that one of the medications had been omitted on one occasion with no explanation as to why.

We found omissions on MAR charts for another person who used the service. The MAR had not been signed for a number of days. The manager told us the person who used the service had been in hospital and staff should have used the correct code on the MAR to indicate this. We saw a person had been prescribed a course of antibiotics. The MAR did not indicate that a full course had been administered or that the instructions of ‘one to be taken four times a day’ had been followed. On one day three were signed for as administered and on another day only two were. We saw a person had a cream prescribed that was to be administered at each pad change. The MAR had numerous omissions in signatures so we were unable to determine if this cream had been applied as prescribed.

In the records we looked at people who used the service who were prescribed PRN (as and when necessary) medications did not have a PRN policy/guidelines or separate documentation regarding the decision to administer their medication. There were no support plans

## Is the service safe?

in place to guide staff on the use of these medications. The manager agreed that this should be present but was not available. However, we spoke with staff who administered PRN medication and they described safe practice and said the guidance for this was documented in people's care records.

We saw that staff were trained in medication administration and this was mandatory training completed at induction and refreshed annually. Records showed that 11 out of 54 staff were due a refresher competency check in medication administration. The manager told us that he was currently in the process of organising staff medication competency updates. We saw that on the reverse of the Home Care Report Book was a Medication Administration Audit tool. None of the ones we saw had been completed to show that any checks on medication administration had taken place.

We concluded that all of the above evidence meant there was a risk that people would not receive all their medicines as prescribed. This was a breach of Regulation 12 (2)(g) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people who used the service or relatives we spoke with were satisfied with the service they or their family member received from the agency. Only one person we spoke with had received a totally missed call and it happened some time ago and the agency had apologised for it. People said that overall carers appeared to arrive mainly on time and if there were problems with timekeeping someone from the agency would usually call them to explain what was happening and to estimate what time the carer would eventually arrive. Comments we received included; "Sometimes they can be a bit late, but not so much that I have worried about whether they were coming or not", "The carers can run late quite often but I always make sure I phone the office to find out what is happening. I haven't had any missed calls but that's probably because I do get on the phone and make sure that somebody is going to arrive", and "I've used the agency for over three and a half years now and can't say that I have ever had a totally missed call. Sometimes the carers run late but the agency will usually call me and explain."

Staffing levels were determined by the number of people who used the service and their needs. The manager said they were currently short of staff and were trying to recruit ten additional staff. They said the current staff were

covering the hours needed until they were fully recruited. Staff said that if two staff members were required to meet people's needs, two were always available and they usually had enough time to meet people's needs fully.

People who used the service said the agency could be flexible in arranging visit times to suit their needs. One person told us their call days had been changed to accommodate a social engagement they had.

Most people we spoke with told us they, or their family member, received care services from familiar or regular care workers. However, some said they found it difficult to understand why when they'd had a regular carer for some time; they appeared to be moved onto another patch. One person said; "My one biggest problem is that as soon as you get used to a regular carer they will move her to a different round. This has just happened to me." Another person said; "I seem to be getting lots of different carers of late and it is a real struggle as you get older to have to explain every time to someone what it is you need doing. I really don't think people understand how hard it can be."

However, other people said they did receive care from consistent staff. Their comments included;

"I usually see the same regular carers. Obviously when they are ill or on holiday then it has to be somebody new", "My father sees a small number of regular carers who he gets on with well and I have got to know over the time that he has had them as well" and "My mother sees a small group of regular carers and it is important with her dementia condition that she knows who is coming through the front door every day."

Staff told us that rotas were arranged as much as possible, in geographical areas to make it easier and more efficient for staff to get to people's calls. Staff told us they usually supported the same people and visits were well planned. Staff said they knew the needs of the people who used the service so they received consistent care.

Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the manager. Staff said they were confident the manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The manager maintained a log of safeguarding incidents and investigations that had taken

## Is the service safe?

place. These had been reported promptly to the local authority and CQC so that the appropriate investigations could be made and any actions could be taken to protect people.

There were systems in place to keep people safe through risk assessment and management. We saw that individual risk/needs assessments were completed. Staff we spoke with could explain the risks to people who used the service. Risk management plans included moving and handling, pressure ulcer prevention and risks associated with nutrition and hydration. Staff also said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

The manager told us they operated an on call system. They said there was always an experienced member of staff

available at all times, who was aware of each person's care and support needs. Staff we spoke with also confirmed this. Staff spoke highly of the responses and support from the on call service.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct.



# Is the service effective?

## Our findings

Most people we spoke with were satisfied with the general standard of training and skills that their carers had. Comments we received included; “My regular carers certainly know what they are doing”, “In my limited experience, the carers seem to understand the roles particularly in regards to my mother’s care” and “My carer helps me in and out of the bath and I must say I feel much safer when she is around to support me. I think that training is fine for what I need them to do for me.”

Staff said they received training that equipped them to carry out their work effectively. They said they received a good induction which had prepared them well for their role. One staff member described it as, “Brilliant and informative.” Another said, “I found it very interesting and learnt a lot.” The manager explained that induction training was part of the recruitment process prior to staff being employed by the agency. Staff told us they had ‘shadowed’ experienced staff as part of their induction training and records showed this was documented.

There was a rolling programme of training and refresher training available to staff which included health and safety, food hygiene, moving and handling, safeguarding vulnerable adults, dementia and infection control. The training record showed most staff were up to date with their required training but that a number of refresher training courses were needed. These had been identified through the agency’s training matrix and system of reminders. We saw that 15 out of 54 staff needed to complete refresher training in first aid and 22 out of 54 needed an annual update in moving and handling. The manager said they had recently had to cancel the refresher training sessions due to staff sickness and vacancies. They were aware of the need to make sure these courses were re-arranged and on the day of our inspection, the provider’s training manager was at the office to discuss this. Staff we spoke with said they had recently had the refresher training cancelled but were aware it was being organised again.

We saw that any specialist training needed was provided. This included catheter care, diabetes and palliative care. We saw that a person who used the service had requested that staff had more information on their medical condition and the manager had sent information out to all staff in a memo to raise their awareness.

Staff we spoke with told us they were well supported by the management team. They said they received regular one to one supervision, spot checks and annual appraisal. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed staff were not receiving supervision and spot checks as per company policy of four per year. The manager said they were aware that they were behind schedule but were hoping to improve as they had now employed an additional supervisor to assist with spot checks. We saw from the records that 12 out of 54 staff were overdue for a spot check on their performance and 11 staff needed their annual appraisal. Staff confirmed that spot checks and supervision could sometimes be delayed due to the demands of service provision.

People who used the service said they were treated well by staff and asked about their care needs and what support they required. Staff we spoke with understood their obligations with respect to people’s choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people’s rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed Mental Capacity Act (MCA) training as part of their training on dementia.

Care files included evidence of consent from people who used the service. We saw these were signed by people who used the service to show where consent had been given. For example, one person’s records stated, ‘I am able to verbalise my consent to take my medications.’

People made decisions about their meals and support they received with meals. Comments from people we spoke with who had meals prepared by care staff included; “I make sure I have what I like for my meal. The carers have enough time to cook this in the oven for me” “They always ask me what I would like before they do it and whilst choice is somewhat limited because of my kitchen, they can usually rustle up something really interesting for me to eat” and “Well, put it this way if I didn’t have the support I am currently getting I would not be able to stay in my flat because I cannot prepare any meals for myself anymore.” A relative told us; “My mother’s carers will often phone us up

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to tell us how she is. If, for instance she hasn't eaten a meal that day they will let us know so that we can pop over and encourage her to eat something.” Staff told us they always made sure people who used the service had access to food and drink before they left the call. One staff member said, “I never leave without asking if they want an extra cup of tea or a nice fresh jug of water.”

We found people who used the service or their relatives dealt with people’s healthcare appointments. However,

staff told us they would contact health professionals for advice of if they had any concerns about people who used the service. One staff member described how they worked alongside district nurses. Another staff member said they had suggested occupational therapist referral for people who needed additional equipment to aid their independence.

# Is the service caring?

## Our findings

People we spoke with were complimentary about the caring attitude of the staff. Comments we received included; “They always make sure that we have a quick chat whilst they are organising everything before we go to the bathroom in the morning”, “I get on really well with my regular carers” and “My carers are a godsend I would be so lost without them, I don't know what I would do. I love my little home and I'm determined to stay here as long as possible.”

People we spoke with told us that the care staff listened to them about individual care needs and acted upon their wishes. One person said, “My carers know that I don't like washing my hair. So they usually take extra time in order that I am comfortable while they do it.” Another person said,

“Thankfully I haven't had a fall since my carers have been coming to me. They always make sure that I am ready and that we have everything prepared before they help me to the bathroom and I can then get straight into the bath once I am there. This way I feel safe and supported.”

People we spoke with said staff were kind and treated them well. One person said, “I had input to which carer I wanted to have and she has been a godsend. Even just going to the shops is so much nicer when you've got some company.” Another person said, “One time my carer noted that I was developing a cold and when she came back the next day she had stocked up my boxes of tissues for me and she made sure that I had a hot lemon drink before she left. It was very kind of her to do that.” A third person said, “My carer knows that I worry when I have a shower every morning and she always makes sure that the water is running at the right temperature before she helps me to the bathroom and that way the shower can be over with quite quickly. I suffer with anxiety and panic attacks, so it is really important that she supports me in this way.”

People we spoke with told us their, or their family member's, privacy and dignity were respected. One relative said, “Her regular carers are very mindful of the fact that she has severe dementia and when they come to help take her to the toilet and change her continence pad they always make sure they engage her in conversation even though she's not very aware of what that might be. It helps her not get embarrassed.” However, a relative of a person

who used the service said they had asked that their family member only received support from female staff but this was not always adhered to. They said they had complained about this and been told it was due to the agency being short staffed. They said they felt this was not ‘good enough’ and that their family member was ‘horrified’ if they had to receive personal care from a male staff member. Other people who used the service said they had their wishes respected regarding the gender of staff they wished to be supported by. One person said, “I need a lot of help with showering every morning and I told them when I started with the agency that I was not comfortable having a male carer to do this for me. To give them their due, they have always made sure that I have had female carers.” A relative said, “I remember us being asked when my mother-in-law started with the agency last year as to whether she would prefer a female carer. We stated at that stage that we felt it was important that she had only female carers and we haven't really had any issues with this since.”

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. Staff said they felt it was important for people to have as much independence as they could to increase their confidence and self-esteem.

Staff we spoke with demonstrated they knew people's individual likes, dislikes and care preferences. It was clear they had developed good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They spoke of the individual ways people wished to be cared for and supported and how they did this with dignity and respect. Staff spoke of the importance of respecting people's privacy and being mindful that they were in someone's home. They said it was important to respect people's property and tidy up after themselves.

Staff said they had received training to help them understand how to provide good care. They confirmed they had time to get to know people before providing care through shadowing more experienced staff. One staff member said, “I was delighted when people started remembering my name, I felt I had made a good impression.”

There was evidence that people who used the service and/or their relatives had been involved in planning their care

## Is the service caring?

and support needs. Records showed people who used the service or their relatives had signed the care plans to show they were in agreement with them. One person said, "I had a review meeting two weeks ago and as a result of this, the agency are discussing with my district nurse whether they can take over the care of my leg and foot from them. This would make my life easier because it would mean one less visit per day so I am looking forward to hearing from them once this is hopefully sorted out." A relative told us; "My husband deals with all the meetings with the agency regarding his mother's care and I know that these take place quite regularly at his mum's bungalow. I have to say we have been very happy with the service they have provided for his mother."

Some people we spoke with could not remember if they had been involved in care plan reviews and said they may have been but not for a while. One person said, "I think I remember being visited a couple of times for some sort of

review meeting, however, I can't really remember much about what was said or if there were any changes that happened after it. I certainly haven't had one recently." And a relative said, "I don't know whether it's because we only have a couple of visits a week, but I have only ever had a review meeting for my mother which has taken place by telephone. I have never seen anyone face-to-face to discuss her on-going care with."

We saw records showed evidence of a review with the involvement of the person's relative and other social care professionals. The manager told us that they tried to involve people who used the service relatives in all aspects of care planning. Records we looked at showed that people who used the service and/or their relatives were always present when care plans were drawn up. The manager told us they aimed to review the needs and care plans of people who used the service annually or sooner if needs changed.

# Is the service responsive?

## Our findings

Records showed that people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral and the manager said they reviewed this prior to completing their own initial assessment. We saw that people who used the service were assessed prior to care package development with evidence of collaboration with relevant agencies and people's relatives.

Following initial assessment, the manager said care plans were developed detailing the care and support people needed. A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service.

During our inspection we looked at three care plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure that people had their needs met. All of the care plans that we looked at showed details of people's personal preferences and how they wished their care to be delivered. For example, in one person's plan we saw recorded; 'I like my tablets putting on the end of my tongue one by one as I only have use of one hand and need to take a drink after each tablet.' Another person's stated; 'I would like carers to wash my legs and feet, assist to dry them and apply my cream.' We saw the notes made at the point of care delivery, showed that care was given as requested and needed. Call times were also recorded which showed staff were staying for the required duration of calls. If two staff were in attendance for the call this was also recorded.

Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. Staff also said they had time to read the care plans and were kept well informed if care needs changed.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could

describe care needs provided for people as individuals. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people.

People who used the service or relatives we spoke with said they did not have any current complaints or concerns about the agency but felt confident to raise any concerns if they did. People told us they were given information on how to complain when they first began using the service. A relative of a person who used the service said, "I've only used the agency for a matter of weeks, and have to say I've been fairly happy. I do though remember the supervisor pointing me to the information about complaints in my folder, and if I had any issues I would certainly ring them to try and sort them out." A person who used the service said, "I know who to contact because they explain it all in my folder. I have never had to formally complain but I certainly would do if I had an issue to raise."

People we spoke with told us they had complained in the past and overall felt their concerns were addressed to their satisfaction. One person said; "I phoned the agency and told them it was no good sending me carers who didn't even know how to dry up after themselves. They certainly listened to me because I haven't seen that girl again." Another person said, "I ring the office occasionally when my rota doesn't tell me who I'm going to be having coming to look after me. The office staff are always very friendly and can usually tell me who I will see, therefore, I think if I had a complaint, they would listen to me and do something about it and if they didn't, I certainly wouldn't let the matter drop if I felt it was that important." However, one person said they were not satisfied with responses to their concerns of male carers attending to their family member. They said, whilst they are always very apologetic, they just simply say that they are short-staffed and they felt they needed to send a male carer rather than not send anyone at all."

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. Staff were familiar with the complaints procedures and understood people's right to complain.

We saw the service had systems in place to deal with concerns and complaints. We looked at records of recently made complaints and it was clear that people had their comments listened to and acted upon and apologies were made for any shortfalls in the service. The manager said

## Is the service responsive?

any learning from complaints would be discussed with the staff team in order to try and prevent any future re-occurrence. Staff confirmed this was done through

memos. We looked at recently issued memos and saw these included reminders to staff about safe medication practice, on call procedures, care plan documentation and what to do if running late for people's calls.

# Is the service well-led?

## Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC) but they had not been in post since July 2015. A manager had been employed since July 2015 and at the time of our inspection had applied to register with CQC; however, at the time of our inspection they were working their notice. We discussed the future management arrangements of the service with the manager and were told the area manager would keep us informed of the interim arrangements to be put in place.

The manager was supported in their management role by two care-co-ordinators and two senior support workers. The manager and the care co-ordinators (who were based at the office) had a good knowledge of the people who used the service and their needs. Throughout our inspection we heard them on the telephone with people who used the service or relatives; answering queries and responding to requests for information. They were polite and friendly and clearly knew people well.

People who used the service said they were overall, satisfied with the contact and communication they had with the office. The office staff were described as professional and helpful. Comments we received included; "I've only had to phone the office a couple of times, and the staff have always been friendly and have been able to sort out whatever it was I was phoning about", "I have had to phone the office a number of times when carers were running really late. I have always found them to be helpful and they have always phoned me back to tell me roughly when the carers should be getting to me" and "Usually it is me phoning the office to explain that I need to change a visit time because I have another appointment taking its place. I have always found them to be very friendly and supportive over the last few years."

However, one relative felt they did not get a satisfactory response regarding the gender of their family member's carer. They said, "When I have phoned the office to complain that my mother has yet again had a male carer to help with her toileting they are always very apologetic and tell me that it only happens because they are very short-staffed, but this does not solve the problem. I can't

do anything about the fact that they are short-staffed and whilst I am paying for the service I should be getting what I asked for and they told me they could deliver - female only carers."

Staff spoke positively about the management team and said they found them approachable. Comments included; "They are really good, very supportive, always answer queries and questions", "They work hard to try and ensure everything runs smoothly", "[Name of co-ordinator], checks and double checks to make sure times and rotas are right for people." Staff spoke of how much they enjoyed their job. All the staff we spoke with said they found their job rewarding. Many of the staff said, "I love it." Staff said they felt comfortable to raise any concerns and make suggestions. A number of staff gave examples of suggestions they had made and how these had been taken on board.

People who used the service could express their views. We saw the provider conducted an annual survey to gain feedback on the service. We looked at the results of the most recent survey undertaken in May 2015. This showed, overall, that people were satisfied with the service received. A high percentage of people who used the service said they had trust in their care workers and their privacy and dignity were respected. 100% of people knew how to complain and 86% felt comfortable to do so.

However, views were mixed on whether people were kept informed of which care worker was coming to them or whether they were informed if care workers were running late. We saw comments in the survey included; 'regular carers preferred', 'late calls. No calls to warn of lateness' and 'time-keeping could be better at night.' We saw the actions identified through the survey had been analysed. However, the action plan to show what was being done to ensure improvements in the service was blank and had not been completed by the identified timescale of August 2015. The manager acknowledged this and said they had not had time to complete it. Staff said that sometimes the office were too busy to ring people who used the service to say staff were running late. Staff said this only happened occasionally but it was upsetting for people who used the service when they weren't kept informed.

People who used the service told us they could recall completing a survey but had heard nothing on its outcome. One person said, "I did actually recently fill in a survey for them but I haven't had anything come back to say what the



## Is the service well-led?

results were or what was going to happen about concerns people had raised.” Another said, “I remember filling in a survey sometime last year but I couldn't tell you what happened to it or what the outcome was.”

The manager told us there was a system of a continuous audit in place, which included care records, medication records, staff spot checks, telephone quality monitoring and face-to-face quality monitoring visits.

The manager said they had got behind recently with the audits of medication administration records. There was no evidence available in the log books we were shown that any audits had taken place. We were told previous audits were not available as the records had been archived. The concerns we found with medication records had not been identified by the agency.

We looked at records of telephone monitoring and quality monitoring visits for people who used the service. The manager said it was company policy to aim for two telephone monitoring calls and two face-to-face visits for each person who used the service each year. Records we looked at did not show this was achieved. The manager said they were hoping to improve on this with the recruitment of another senior support worker in the service. A person who used the service said, “I think I

remember being rung up just once, to answer some questions over the telephone about the service but I couldn't tell you when that was and I certainly don't remember having anything from them since then.”

We looked at the information gathered from this quality monitoring and saw overall, people were satisfied with the service. However, a number of people had commented they would like regular carers, female only carers, staff timekeeping to be better and a rota posted out to them. There was no evidence of the action taken to respond to people's comments. The records we looked at were left blank in the ‘further actions’ section. A person who used the service said, “I have had a number of reviews over the past few years and I remember that mostly I have expressed my concerns about regular carers being suddenly moved without any warning or any preparation to introduce new carers happening. To be honest I have got fed up with repeating myself because they never manage to do anything about it.”

We concluded from the above evidence that systems in place to monitor the quality of the service provided and ensure continuous and on-going improvement were not effective. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were not always effective systems in place to manage, monitor and improve the quality of the service provided.