Comfort Call Limited

Comfort Call Rotherham

Inspection report

Unit B7
Taylors Court,
Taylors' Close
Parkgate
Rotherham
S62 6NU
Tel: 01709 529661
Website: www.candchealthcare.co.uk

Date of inspection visit: 9 November 2015
Date of publication: 23/12/2015

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?	Requires improvement

Overall summary

The inspection took place on 9 November 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected on 28 May 2014, when no breaches of legal requirements were identified.

Comfort Call Rotherham provides personal care to people living in their own homes in the Rotherham and Barnsley area. Its office is based on the outskirts of Rotherham. The agency currently caters for people whose main needs are those associated with older people, but also supports people with other needs, such as a learning or physical disability.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

At the time of our inspection there were 176 people using the service. We spoke with 30 people who used the service, and seven relatives, about their experiences using the agency. The majority of people we spoke with told us they were happy with the service provided, but a minority of people highlighted areas they felt could be improved, particularly regarding the timings of calls. Staff told us that overall there were enough staff employed to meet the needs of the people being supported, and we saw additional staff was being recruited. However, staff said sometimes calls were late due to last minute sickness or needing to stay with someone longer than planned, to make sure their needs were met.

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Staff told us that changes in people's needs were quickly identified and their care plans amended to reflect these changes. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

There was a recruitment system that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Staff told us they felt well supported and received an annual appraisal of their work performance.

The company had a complaints policy which was provided to each person in the information pack provided at the start of their care package. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues. However, a few people we spoke with felt their comments were not always acted on effectively.

The provider had a system in place to enable people to share their opinion of the service provided. However, some people who used the service, and some of the staff we spoke with, said they had raised concerns but felt were not always acted on.

We also saw an audit system had been used to check if company policies had been followed. Where improvements were needed the provider had put action plans in place to address these.

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?

Good

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

The service employed sufficient staff to meet people's needs, but some people raised concerns about staff being late for visits.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Is the service effective?

Good

The service was effective

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported. Support sessions were also regularly provided.

Where people required assistance preparing food appropriate steps were taken to help ensure their well-being was maintained. Staff had received basic food hygiene training to help make sure food was prepared safely.

Is the service caring?

Good

The service was caring

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

Is the service responsive?

Good

The service was responsive

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

Summary of findings

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken action to resolve the issues.

Is the service well-led?

The service was well led

There was a system in place to assess if the agency was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Although action plans were in place to address some areas that needed improving, improvements were needed to make sure people received a consistent service.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Requires improvement

Comfort Call Rotherham

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 was 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.

The inspection began with a visit to the services office which took place on 9 November 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an 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 care service.

We spoke with 26 people who used the service and five relatives by telephone, and visited four people in their homes to discuss the service the agency provided. When we visited people we also spoke with two relatives. We sent questionnaires to 50 people who used the service, and their relatives, 27 of which were returned. We spoke with seven staff who provided care or were employed at the agency's office. This included the registered manager and the training officer.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing five people's care records, medication records, staff rotas, training and support records, six staff recruitment files, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service felt their care and support was delivered in a safe way. They also described the arrangements in place for staff to access their homes while maintaining a good level of security.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at five people's care plans which contained assessments to identify and monitor any specific areas where people were more at risk, such as how to move them safely. We found there was clear guidance for staff about the action they needed to take to protect people. Risk assessments had been reviewed and updated in a timely manner to reflect any changes in people's needs.

An environmental safety risk assessment had also been completed. This helped senior staff to identify any potential risks in the person's home that might affect the person using the service, or staff. We saw staff had received guidance on keeping people's houses secure and the use of key safes. Staff had been issued with an identity badge and told to carry them with them at all times so they could prove they worked for the agency.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They told us how potential risks were assessed before a care package was commenced, and described how they ensured risk assessments were adhered to.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they would report any concerns to the registered manager or a member of the management team, but two staff could not tell us who they would contact outside the company should they need to take their concerns further. We found staff had received training in this subject during their induction period, followed by periodic refresher courses. We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We looked at the computerised system used to allocate staff. We saw the office staff tried to make sure people were supported by the same care staff consistently. The majority of people we spoke with said they had the same team of staff supporting them who arrived on time and stayed the correct length of time. However, a few people told us care workers were sometimes rushed or arrived late. Their comments indicated this was down to a lack of organisation and communication.

Care staff said they felt that overall there was enough staff to meet people's needs, but said this had been difficult in the past. They told us new staff had been recruited in the Rotherham area, which had helped, but more staff were needed in the Barnsley area. One care worker said, "There has been a lot of new staff so there's plenty now." Another staff member commented, "They know more staff is needed in Barnsley and they have just interviewed some. I think two have started their induction training."

Recruitment records, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked six staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take them safely. A Medication Administration Record [MAR] was also in place which staff used to record the medicines they had either administered or prompted people to take. The people we spoke with were happy with how staff supported them to take their medication. One person said, "They [their care worker] are checking my medicines now, one of the things I use has run out, so he's checking for the chemist's number to ring and get another for me."

Good

Is the service safe?

We found staff either administered people's medications or prompted them to take them from a monitored dose system [MDS]. We asked the registered manager about the management of medicines that were only taken when required [PRN] as these were not included in the MDS. They told us staff did not administer PRN medication to people as this was against the local council's contract. The registered manager said if there was no relatives who could give people their PRN medication they would have to arrange for the district nurse to administer it.

Good

Is the service effective?

Our findings

People we spoke with said staff seemed to know what they were doing and were competent in providing care and support. One person who used the service told us, "It seems better lately, they [care workers] seem to know more of what they are doing." Another person said, "Some new ones [care workers] are slower at picking things up, but I can't fault them otherwise." A relative commented, "I feel safe with them [care workers] in the house, they are polite and respectful." Another relative said, "The carer who usually comes is lovely, he is very respectful to my grandfather, they all seem well trained." A third relative commented, "They [care workers] all seem well trained."

Records and staff comments demonstrated staff had received various training to meet the needs of the people they supported. Staff we spoke with told us they had undertaken a structured induction when they joined the agency. This had included completing the company's mandatory training, which was facilitated by a training manager and included sessions on essential training topics. One care worker told us they had spent a week at the office going through paperwork and completing the company induction training. They said, "This included first aid, manual handling etcetera. I had never done caring before but I felt it prepared me well for the job. I also shadowed different carers for a week, going to different people at different times a day." They said they had found the shadowing shifts very useful.

We spoke with the training manager who said they were responsible for delivering the induction training, as well as refresher courses. They were aware of the new Care Certificate introduced by Skills for Care and described how they had introduced it at the agency. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw each training session included completion of a workbook and an assessment of staff's knowledge. We were also shown details of the training provided in subjects such as stoma and pressure area care. These showed staff had access to a structured training package. The training manager said staff also received a copy of the staff handbook and the code of practice for care workers.

We saw the company used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner. All the staff we spoke with felt they had received the correct level of training they needed for their job roles, this included dementia awareness training. Staff were also supported to undertake a nationally recognised qualification in care.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff files, and comments, showed regular supervision sessions had been provided. Staff we spoke with felt they were well trained and supported, saying they found the support sessions valuable. One care worker told us, "The trainer is very good" and "I get a supervision session about every six to eight weeks."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS do not apply to people living in their own homes, but we checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically. Staff were able to describe the actions they would take should someone not be eating or drinking sufficient. This included recording people's intake and reporting any concerns promptly to the registered manager or their line manager.

Good

Is the service effective?

People we spoke with said they would feel comfortable discussing healthcare issues with staff as they arose. Staff described how they would appropriately support someone if they felt they needed medical attention. One care worker gave us an example saying, “I saw they were not their usual self so I advised them to have the doctor, which they did.” They added that they would call a family member and the agency’s office if they remained concerned, and discussed calling 999 if it was an emergency.

Good

Is the service caring?

Our findings

People we spoke with who used the service praised staff and told us the quality of care was good and staff understood the level of support they needed. One person who used the service told us staff were "Very polite, they do everything they should, in fact more than they should, the carers are very good" Another person said "It's satisfactory, they have to be polite, I am a stickler for that sort of thing," Other comments included, "Top class, so nice to me, we have a little laugh and a chat" and "They gave me a right good shower this morning, I greet them as they greet me, they are very nice, I don't give them any trouble."

Relatives were also complimentary about the way care workers supported their family members. One relative said "The lasses [care workers] are excellent, they look after them [their family member] and do everything, they are respectful and kind, they are lovely with her no quibbles about that." Another relative commented "It's [care] smashing love, couldn't ask for better, very happy with them."

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. Care files contained detailed information about people's needs and preferences, so staff had clear guidance about what was important to them and how to support them.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. When we asked them how they knew what was important to the people they supported they said they read the care plans, which provided good information. One care worker said, "As well as the care plans I ask people, and talk to their family." They said they would make sure any new information they received was added to the care plan so all staff were aware of it. Other staff described how they offered people choice, such meal options.

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. For example they gave clear examples of how they would preserve people's dignity and privacy. One care worker told us, "Confidentiality is important and I make sure people are given as much privacy as possible, for example when being showered." Another staff member commented, "If her sons are visiting I make sure doors are closed and be discreet. I wrap towels round her when moving round."

Staff also described how they maintained people's independence. One care worker told us, "I help her into the bath and wash their back, and then I leave her to do the rest. She shouts me when she needs me. I have everything ready in the bathrooms she is not waiting naked for me to get everything." Another care worker explained how they supported someone to make their own drink. They added, "I watch him and step in if necessary."

The registered manager told us their aim was for every person using the service to be supported by a small team of care staff who knew them well. This meant that staff and people who used the service could build up relationships. We found where this had been arranged people felt it had worked very well.

Good

Is the service responsive?

Our findings

We found people who used the service, and their relatives, where appropriate, had been involved in planning the care provided and were happy with how staff delivered care. One relative said "We have had a check once or twice a year, not often, I was involved in the original care plan, no issues at all really. However we did receive one negative comment about care planning. A relative told us, "It's difficult sometimes, I nearly had a row with a care worker because they were not doing what I agreed on the care plan, but the office hadn't told them, it was not recorded so they didn't know they should be doing it."

Care files contained detailed information about all aspects of the person's needs and preferences, including clear guidance for staff on how to meet people's needs. Records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff told us this information was available on their first visit to a new person and they could also contact the office for clarification if they needed it. They felt the assessments and plans provided good information that was easy to access and understand.

We saw staff completed a report book and a daily record of each visit they made, the latter reported on care provided and any changes in the person's condition. The report book included monitoring forms for the administration of medication, what the person had eaten and drunk, skin integrity and any financial transactions to be recorded. Not everyone needed monitoring in these areas, but where required they had been completed appropriately. There was evidence of the report books being checked by the field supervisors and registered manager to make sure staff had completed them correctly and there were no changes needed to the care plan.

The registered manager told us periodic care reviews were carried out to make sure people were happy with the care provided and the care plan was still correct. We saw evidence of completed care reviews in people care records. One person who used the service told us, "They sign all the paperwork, I have had a review visit, I have all the phone numbers, never had a problem really."

The company had a complaints and compliments procedure which was included in the information pack given to people at the start of their care package. We saw a system was in place to record all concerns and compliments received. Information received from the registered manager showed the service had received 26 complaints since our last inspection. These included themes such as inconsistency of times of calls and staff not following care plans. We saw the details of each complaint had been recorded along with actions taken and the outcome. We saw where possible these had been resolved to people's satisfaction and changes to care packages had been made if required.

People told us they would feel comfortable raising concerns with their care workers or the office staff. The majority of the people we contacted said they were happy with the service they received and felt any concerns raised had been addressed appropriately, but some people felt action was not taken in a timely manner.

For example, someone who used the service said, "Any problems and I have just rung the office. I had a carer once who turned up reeking of smoke, I can't cope with that, and they have never sent her back." However, a relative told us they had raised an issue about the late arrival of care workers with office staff, who apologised, but they said it then happened again. Another relative told us, "I had them [the agency] booked for a sitting service last week so I could go to an appointment. They should have been here at 1pm but didn't come until 1.30pm. The poor girl had been at training, so they knew she would be late, but never rang, it's disgusting, you say but nothing changes." A third relative who was complaining about late visits said, "I have spoken to the office and they say they will put it right, but they haven't done so far, they just try and blame the girls."

When we visited the agency's office we saw an analysis of the complaints received had taken place. These, along with the outcome of a survey the provider had undertaken, had been used to develop an action plan to improve the service provided. Information we received from the provider showed that 11 compliments had also been received about specific care workers and the care provision.

Rotherham council told us they had recently carried out a 'Home Matters' assessment at the service, where they assessed how it was operating. They told us they had found any concerns raised had generally been investigated thoroughly and in a timely manner, with appropriate actions taken and followed up.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The majority of people we spoke with said they were happy with the service they received, however other people gave mixed responses. One person told us, "They [staff] visit three times a day. They are really good with me and explain things to me if I don't understand things." A relative commented, "They [staff] are lovely. They also help me if they can when I am ill, like make me a cup of tea or fetch the washing in for me. Although some rush too much, especially in the evenings." Another relative commented, "We usually have the same girl who comes every day and when she's off it's usually the same replacement and they are very good, no worries about that, I just wish they would ring when they are late."

Other people we spoke with raised concerns about lack of communication from the office when staff were going to be late and the timings of visits. One person who used the service described the times staff should arrive, but said this did not always happen adding staff "Come at all times." For example they said, "This morning they came at 9.45am for breakfast, then came at 12.20pm for lunch, then 3.30pm for tea, well I can't eat like that." Another person commented, "My grumble is they can be really late and don't ring."

Three relatives also raised this issue. One relative said, "I think they [the company] have taken on too much work, they are often late and don't ring to say." The other relative told us, "The problem is the timing, they are supposed to come at 9am, but they don't come till 10am and 11am. They should come next at 8pm but they come at 7pm and he [their relative] hasn't eaten. The weekends are worse; they have sometimes not been by 10pm – 11pm at night." The relative said they had raised this with the agency but nothing had changed.

We saw the provider had used surveys, phone calls and care review meetings to gain people's views about how the service was operating. The summary of a postal survey completed in 2015 indicated that overall people were happy with the service provided. Comments included: "Find the carers very helpful, kind and treat me with great care and respect" and "Staff are caring and supportive." There was also a number of negative responses about people not having a consistent staff team caring for them, staff being late for calls and not being told when staff were going to be late for a visit. The registered manager told us an action plan had been formulated to address the concerns people had, but people's comments to us indicated that the systems in place to arrange visits and communicate changes were not as effective as they could be.

The provider gained staff feedback through periodic meetings and surveys. We sampled questionnaires returned in 2015 which demonstrated that overall staff were happy with how the service operated. However, they also highlighted a few things that could be improved, such as travel time and communication. The staff survey had not been summarised, and we saw no action plan to address negative comments, but we saw evidence that some action had been taken to address these areas.

Staff told us they enjoyed working for the agency and overall they were happy with how it operated. One care worker told us, "It's a good company to work for and we have a supportive manager." Another care worker said, "It's okay, but they sometimes change shifts the night before to cover for sickness [which they found frustrating]." Staff we spoke with felt they could voice their opinion openly to the registered manager or another member of the management team if they needed to discuss anything. They said this could be done at staff meetings, in supervision sessions or informally at any time.

When we asked staff if there was anything they felt the service could improve one care worker said they would like more praise when they did extra work. Other areas of improvement included: better organisation of visits to cut down on travel time, having more time with people using the service and better communication from the office. Regarding the latter we were told, "If a client goes into hospital we are not always told about it." They said this was a waste of their time and they had to stand the cost of travelling to the call. We shared comments made by staff with the registered manager so they could look at any changes needed.

We saw regular checks and audits had been carried out to make sure the service was operating to expected standards. This included subjects such as health and safety, care records and medication administration. Where shortfalls had been found action plans had been completed which highlighted areas to be addressed.

Requires improvement

Is the service well-led?

We found other tools had been used to monitor how the service was operating and to learn from things that had happened in the past. For example, we saw a quarterly accident analysis report was produced which highlighted any emerging patterns and what action staff could take to minimise these. We also saw the registered manager could use the computer system to produce a 30 day report on subjects such as medication errors, complaints, incidents and missed visits. They said this helped them to monitor how the service was operating and highlight any action that needed to be taken.

Rotherham council told us that as part of their assessment process they had found the service were "Quite good with audits and evidencing everything." They said they had visited ten people and comments were mainly positive, although they had received a few comments about 'different faces' supporting people. They told us this was probably due to the service taking on additional work following being awarded a council contract. Therefore, new staff had been employed which could explain the 'different faces' comments made by some people.