

Comfort Call Limited

# Comfort Call- Leeds

## Inspection report

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01 May 2019  
02 May 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Comfort Call - Leeds is a domiciliary care agency and provides care and support to people living in their own homes. Not everyone who used the service received personal care. The 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. At the time of our inspection 223 people received the regulated activity 'personal care'.

### People's experience of using this service and what we found

Staff were recruited safely, and they kept people safe from the risk of abuse and avoidable harm. Personalised risk assessments provided staff with enough information to support people safely.

People received their medicines as prescribed and staff followed good infection control practises.

Staff were well-trained and well-supported. They provided people with the right care based on a thorough assessment of their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff delivered kind and compassionate care and respected people's individual choices.

The service benefitted from a registered manager who worked collaboratively with staff to deliver high quality care. The registered manager shared learning with staff and promoted a culture of continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 13 May 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the provider was registered with CQC.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Comfort Call- Leeds

## 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.

#### Inspection team

The inspection was carried out by one 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with CQC. This means that 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 April 2019 and ended on 2 May 2019. We visited the office location on 29 April 2019 and 1 May 2019.

#### What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service, as well as 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 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 16 people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional manager, care co-ordinator, care supervisor and three care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to keep people safe from the risk of harm and abuse.
- Staff received training in safeguarding vulnerable adults and were clear about when and how to report any concerns.
- The registered manager responded quickly to allegations of abuse and understood their responsibilities to refer any concerns to the local authority safeguarding team and CQC.
- People told us they felt safe in the care of staff. Comments included, "Yes I feel safe, absolutely brilliant."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were clear systems and processes in place to promote the safety of the people who used the service.
- People's care plans contained risk assessments and provided staff with enough information to support people safely. Risk assessments were regularly reviewed by the registered manager and reflected people's current needs.
- Robust health and safety assessments of people's homes were carried out before care was delivered. The provider had contingency plans in place to ensure people continued to receive care in cases of bad weather.
- Staff reported all accidents and incidents to the registered manager who carried out appropriate investigations. The provider regularly shared learning with staff and delivered additional, targeted training to improve care and prevent the same incidents from happening again.

Staffing and recruitment

- The provider had safe recruitment and selection processes in place to protect people from the employment of unsuitable staff.
- The provider employed the right number of skilled staff to meet the needs of people who used the service.
- People told us staff arrived on time and were not rushed when they provided care. One person told us, "They (staff) come four times a day, mostly never late and they talk to me whenever they are here."

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had undertaken appropriate training and their competency was assessed by the registered manager. Staff told us the training they received was in-depth and they felt confident to administer medicines safely.
- Arrangements were in place for the timely detection of any medication errors.

Preventing and controlling infection

- Staff followed good infection control practises and used personal protective equipment to help prevent the spread of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care based on a thorough assessment of their needs and preferences.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received appropriate training and were well-supported in their roles.
- Staff received a thorough induction and training was regularly updated. The provider employed a dedicated trainer who was available to provide guidance and support to staff at any time.
- Arrangements were in place to ensure all staff, including the registered manager, received regular supervision and appraisal.
- People told us staff were competent and had the right skills to provide care. Comments included, "Staff are well-trained very knowledgeable. They (staff) are very clever, and they know what they are doing. I would be nothing without them."

Supporting people to eat and drink enough to maintain a balanced diet

- People who needed assistance with eating, drinking and meal preparation received support in line with their individual needs, dietary requirements and preferences.
- Staff gave people choice and made sure they had access to enough food and drink throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager had a good working relationship with other healthcare professionals and worked with them to ensure people continued to receive the right care.
- Care plans contained information about each person's health needs and the support they required to remain as independent as possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The registered manager confirmed at the time of inspection that to their knowledge, no person who used the service had their rights or liberty deprived, lawfully or otherwise. The registered manager was clear about the process they would follow if they believed a person may lack the capacity to make certain decisions.
- Staff received training in the principles of the MCA and DoLS. One staff member told us they routinely asked people for their consent when they provided care, "You have to ask permission and give people a choice every day'.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider recognised diversity amongst people who used the service. People received kind and compassionate support, free from discrimination.
- Staff spoke about people with fondness and of delivering high-quality care that met people's individual needs and preferences. Staff told us, "Continuity of care is a must. If people are happy, then staff are happy. We work together as a team."
- People and their relatives told us they were happy with the quality of care they received. Comments included, "I am more than happy."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in writing and reviewing their care plans.
- The provider actively sought feedback from people about their care and acted on the feedback received.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when they provided care and support. They closed curtains and doors before supporting people to wash or dress and ensured they remained covered wherever possible.
- People were supported to remain as independent as possible. Staff told us they encouraged people to do what they could for themselves; records supported this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff responded quickly to people's changing needs and cared for people in a way they preferred. Staff spoke about the importance of reading people's care plans and told us how this enabled them to provide the right care and support.
- People's care plans were reviewed and updated regularly to reflect their current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss. Information regarding people's communication needs was recorded in their care plans and staff communicated with people in an accessible format of their choice.
- Reasonable adjustments were made for people where appropriate.

Improving care quality in response to complaints or concerns

- Complaints were dealt with appropriately by the registered manager. The provider had a policy and procedure in place for acting on complaints and information was provided to help people understand the care and support available to them.
- The registered manager analysed complaints and concerns received and used this information to make improvements to the service

End of life care and support

- People and their families were supported to make decisions about their preferences for end of life care.
- The registered manager had good links with healthcare professionals should their input be required.

# 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.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well run and benefitted from a registered manager who promoted a positive, open and learning culture.
- Staff told us they worked well together as a team to provide high-quality care. One member of staff said, "We all have a close relationship in the office. Staff take things very seriously if someone isn't happy."

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

- There were clear lines of accountability; the roles and responsibilities of staff were clearly defined and understood. Staff received appropriate training and support to be effective in their respective roles.
- The registered manager carried out monthly audits of care records, which were then used to make improvements to the service.
- The provider took seriously their legal responsibility to be open and honest with people when things go wrong. There was evidence from records of meetings that the provider had learned from significant events and that findings were shared with staff.

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

- The provider conducted an annual satisfaction survey of people's experience of the service; the registered manager reviewed the responses and acted on the feedback received.
- People received a monthly newsletter which contained communication about service developments as well as information about staying safe and well.
- The registered manager had good links with healthcare professionals and worked in partnership with other agencies to improve people's access to care and their quality of life.