

London Care Limited

Comfort Call (Newark)

Inspection report

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Date of inspection visit:
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01 February 2017
08 February 2017

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|--|
| Is the service safe? | Good  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Good  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

This announced inspection was carried out on 31 January, 1 and 8 February 2017. Comfort Call (Newark) provides support and personal care to people living in their own homes in Nottinghamshire. On the day of the inspection visit there were 173 people using the service who received personal care.

The service had a registered manager in place 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 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. Staff knew how to report any concerns of abuse or harm they identified when they visited people. People were encouraged to be independent with as little restriction as possible.

People were usually supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so and they provided consent to their care when needed. People's human and legal right to make decisions for themselves may be overlooked.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's care plans did not contain all the required information to ensure their care and support was delivered as needed. People were informed of how to express any issues or concerns they had so these could be investigated and acted upon.

Systems used to monitor the quality of the service did not always identify where improvements were needed.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were reduced by staff who knew how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not entirely effective.

People's right to give consent and make decisions for themselves were encouraged, but their right to be protected by the MCA may not be.

People were supported by a staff team who were trained and supported to meet their varying needs.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

Requires Improvement ●

The service was not completely responsive.

There was a risk that people may not receive the care and support they required because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led.

Systems to monitor the quality of the service people received were not effective.

People used an improving service where staff were motivated through encouragement and support to carry out their duties.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

Comfort Call (Newark)

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 31 January, 1 and 8 February 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 13 people who used the service and five relatives. We discussed the service with 16 staff consisting of 10 care workers (four who were new staff on induction), a senior care worker, two care coordinators, a care manager, the registered manager and the regional manager.

We considered information contained in some of the records held at the service. This included the care records for seven people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and felt confident in the staff who visited them. One person who used the service told us, "I feel they keep me safe, they do it how I am comfortable." Another person said, "I certainly feel safe, it's their attitude. When they come in straight away they greet me well." Relatives also told us they felt their relations were safe when they used the service, one of them said staff "couldn't be kinder" and another said how their relation trusted the staff who visited them.

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They knew to make a record of any concerns and report these to one of the office based staff. Staff also confirmed they had received safeguarding training. Most staff said they had not come across anything they had been concerned about. One care worker told us about an occasion they had informed office based staff about a concern they had for one person, which they said had been acted upon.

The registered manager showed us the records they kept of all concerns and allegations made about people's safety. These records showed they had liaised with the local authority, who are the lead agency for any safeguarding concerns, and taken action where appropriate to ensure people were not placed at risk in future. When needed staff had been aware of their responsibilities in ensuring people were protected from any harm or abuse.

People told us how they received their care and support in a way that had been assessed for them to receive this safely. One person told us staff "give me care in a gentle way." Another person said staff took sensible precautions when providing them with any care such as wearing protective gloves and an apron. A relative told us their relation was unsteady when standing up and that staff were "there all the time" when they were walking. People told us there had been an assessment carried out at their home to ensure they could be provided with the care they needed in safety.

We saw there were risk assessments completed to identify any risks people faced, such as with their mobility, having sufficient nutrition and protecting their skin from damage. The assessment showed the level of risk to the person and how these risks could be reduced. Staff said there were assessments completed which told them how to prevent people from known risks. They also said there were assessments completed of people's home environments, which we saw included in people's care plans.

There were sufficient staff employed to provide people with consistent care and support which met their needs. Most people told us they had regular staff attending at the time their care was scheduled for, although we were also told that there had been occasions when a person's call had been later than planned. These people appreciated that there may be occasional delays because their care worker had run into some unforeseen circumstances, such as needing to extend their time at a previous call or unexpected traffic problems. People said they usually received a phone call informing them if their care worker was delayed, although there were some who said they had not received one. Most people told us they were usually visited by a regular individual or team of staff, although a few people spoke of changes having been made to the team of staff who visited them.

Staff told us there were enough care workers to enable them to carry out their planned calls and described how they covered any unexpected absences from work. This involved care workers working additional hours and trained staff who were office based undertaking people's visits if needed. Staff said there had been improvements made to the staffing compliment with more care workers having been recruited, so there were usually sufficient staff available to carry out the calls. We spoke with a group of new staff who were undergoing their induction who were looking forward to starting work soon.

A few staff did mention some calls where they did not have enough time allocated to travel between calls. The care coordinators said they were aware that there were some calls that needed to be adjusted and they were addressing this as part of a review of all the established call rounds. They told us this would ensure these call rounds were as effective as they could be, with staff having less distance to travel.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. The group of new staff we spoke with described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out. We did note a couple of issues that should have been identified during the audit of staff files to ensure all checks had been completed, which the registered manager said would be checked on in future.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or with the help of a relative. A person told us, "Sometimes they (staff) ask if I want any help but I say I am alright at the moment thank you."

People who were assisted to take their medicines were provided with the assistance they needed. A person told us the care worker visiting them, "Counts them (medicines) out with me and makes sure I take them, and I am taking them right." A relative said their relation was able to manage their own medicines but they did need some assistance to apply a prescribed cream.

Care workers told us they had received training on the safe handling and administration of medicines and that 'spot checks' where they had their practice observed by a senior member of staff, included a medicines competency assessment. They said that there were certain medicines they did not support people with, which was what we had been told by a relative.

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. We found there was a lack of clarity amongst staff who undertook the assessments of people's care needs about what they would do if they suspected a person did not have the capacity to make a specific decision. The registered manager told us there had not been any formal capacity assessments completed even though they identified there were some people who used the service who did not, or may not, have capacity to make certain decisions.

We reviewed the information that was available to staff to guide them, including the relevant policies and a themed supervision form, as well as the care plan template that was used. Although this information did state the principles of the legislation it did not provide guidance on when an assessment (known as a two-stage test of capacity) was required. We were told the care plan was used to assess a person's capacity but this did not follow the two stages of this test to establish if the person could understand, retain, weigh up the information or communicate their decision. This meant a person could be wrongly assessed to not have capacity to make a decision they did have the capacity to make. This then meant a decision may be made in the person's best interest that they could have made themselves.

People had the opportunity to give their consent and make decisions for themselves. People told us care workers asked for their agreement before they provided them with any assistance. One person told us that staff, "Never do anything without permission." A relative said staff, "Always ask permission before doing anything." People also told us that staff listened to what they had to say and did not make decisions on their behalf.

Care workers told us they obtained people's verbal consent before providing them with any care and support. Care workers said there were occasions when people declined their care and support and when this occurred they respected their wishes. A care worker said, "We always ask for consent, we are aware of their rights."

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People spoke of feeling confident in the staff who visited them, one person said this was because, "I'm sure they have had the proper training." Another person said, "I don't know if they have been trained, but they do things right." Other people spoke of staff having the right skills and knowledge for the support they provided.

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when they began employment to prepare them for the work they would need to

undertake. This consisted of an initial five day induction in the training facilities located within the office accommodation. These were equipped for all training, including for practical training such as moving and handling.

The group of new staff we spoke with were undergoing the five day induction and said they were finding this informative and enjoyable. These staff said they felt able to ask any questions they wished to and the trainer was checking they understood what had been taught. Once staff had completed the five day induction they went on to complete further topics over the next three months. This included the Care Certificate which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. Staff who had completed the induction spoke highly of this and said it had prepared them for the work they were expected to undertake.

Staff told us they were kept up to date with training and they were reminded when any training was due to be updated. They told us their training had to be kept up to date in order to be able to work and the staff training records showed that staff had completed the training they were required to. The registered manager told us they were working with the company trainer to identify additional training for staff in addition to the training already provided as part of the annual training plan. They told us they had already provided a course on dementia and other courses planned included one about diabetes.

Staff told us they received regular supervision from one of the care coordinators where they could discuss their work, support and training needs individually. Care workers said they could contact office staff at any time if they required any advice or support. Office based staff also described being supported in their roles.

Where people were supported with their nutritional intake they were provided with enough to eat and drink to maintain their health and wellbeing. A person told us, "If I need them to make me a meal I only have to mention it." Other people said staff would prepare them snacks and left them with drinks at the end of the visit. Relatives said their relations were provided with the help they needed to have sufficient to eat and drink.

Staff told us the people they supported did not require a lot of nutritional support, and there was not anyone who required a specific diet for health, cultural or religious reasons. We identified one person did require their food to be served in a specific way, but this person was not visited by the staff we spoke with. There were systems for staff to follow if they needed to record what people had to eat and drink during their visit. Both the care and registered managers told us they liaised with GPs, dieticians and speech and language therapists, (known as SALT who provide advice on swallowing and choking issues) if they had any concerns about someone's nutritional intake.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person said, "I don't need to tell [care worker] if I am not well, they know if I am not." Some people told us about physical and mental health conditions they had and they all felt that staff understood how these impacted upon them. One person told us that staff "know and understand my disability". Another person said that staff, "Understand how I am, they know I get stressed."

Staff told us they understood people's health care needs and recognised if someone they visited regularly was not feeling well. They told us there had been occasions they had contacted a healthcare professional, such as the person's GP or a district nurse, if they felt their input was needed, and they also informed a relative if they needed to be aware their relation was unwell. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services. One person told us there had been two occasions when staff had called an ambulance for them.

Is the service caring?

Our findings

People described the staff who supported them as caring, kind and considerate. One person told us the care worker who visited them, "Comes in cheerful, if they have problems of their own I wouldn't know, they have a lovely 'good morning'." Another person told us, "They have got the thumbs up from me." A relative told us their relation was "treated like a king". Another relative said, "They are a care company who are caring." Several people gave examples of how staff had gone above and beyond what they had expected of them. One relative said how a care worker sometimes brought their relative a snack they were fond of, and would pick up any item they used if they found this on special offer when they were doing their own shopping.

Care workers told us they found their work rewarding and that they enjoyed helping people. They spoke of the satisfaction they felt when they had made a difference to someone's day and making someone feel good about their appearance. Staff told us that employing the right people was "key to being a caring service". One care worker said this was the type of job that, "You can't stick with it if you don't like it."

The registered manager told us they ran a caring service where staff "give that bit extra". They told us about staff who had responded to people's requests, sometimes at short notice. On one occasion a care worker had accompanied a person who was nearing their end of life on a trip to the seaside, when they said this was something they had wanted to do. The registered manager also told us about times when staff had undertaken emergency night sits to enable a person's regular carer to have some rest.

People told us they were involved in planning their care and support and making decisions about this. One person said, "They have helped me resolve my problems by listening to me." A relative told us, "We can ask for them to do anything we want to be done." A senior support worker told us they arranged people's assessments and reviews with them and included a relative when the person wished them to be, or the information received from the local authority informed them that a relative needed to be involved.

The registered manager told us no one who was currently using the service had the support of an advocate, but they would put anyone in contact with a scheme to provide one if they needed this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt staff treated them and their home with respect. People described staff as courteous and polite and showing respect by knocking on doors and being tidy. One person told us how they had an understanding with staff about how things were done. Another person told us, "I don't feel judged which is good." They also said, "I don't feel embarrassed with them now, at first I did."

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. A care worker said they felt it was important to "get it right" as soon as they entered a person's home. The registered manager told us they had a staff member identified to be a dignity champion, and they would be looking to develop this role

Is the service responsive?

Our findings

There was a system in place where people had their needs assessed and a care plan prepared to described how their needs should be met. However, we found that there were some people who did not have a suitable plan in place to guide staff in how to meet their needs. One person who had just started to use the service required a high level of support from two staff each day. This person did not have a care plan in place which described their needs and how these should be met. Another person who had recently recommenced using the service after a break had a significant change in their needs. This person had not been reassessed when they returned to use the service in order to update their care plan, hence the care plan that was in place did not describe this person's changed needs. Some staff we spoke with told us they had begun providing care and support to these people without an accurate care plan being in place. We found some other people had either had a change in need or a significant event had occurred when their care plan should have been reviewed, but this had not been done.

There were some other people who had care plans that did not contain information about the care and support they were provided with. For example some people required staff to apply creams and ointments, but there was no record made in their care plan that this needed to be done. In addition information that was included in the care plans we reviewed was not always sufficiently detailed to describe what people's needs were and how these should be met. They also lacked the details that would make them individualised and personal plans for the person concerned. The registered manager and regional manager told us they recognised that there were some improvements that needed to be made. Some staff told us the process to update a person's care plan was time consuming as they had to complete a whole new care plan. This was because they were not able to only update the areas affected by the person's change of need.

The failure to appropriately plan personalised care for each service user is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the people we spoke with told us they could not recall if they had been assessed to identify the care and support they needed before they began to use the service, but some others could. One person told us, "They made a care plan with me and it was recently updated." Another person said, "I have a care plan which meets my needs" and a relative told us, "We go through the care plan together."

People also told us their care was flexible and responsive to their needs. One person described how care workers would do what they needed during their visit, depending on how they were feeling and what they wanted to do. The person said, "I couldn't have done without them." Another person told us the care worker "asks if there is anything else I want doing". Care workers told us they felt they did provide people with the care and support they required and they got "good feedback" from people about the care and support they received.

People were given opportunities to raise any concerns and they were told how they could make a complaint. One person said they, "Know how to (make a complaint) but I have not needed to." Another person told us, "If I wanted to I would ring the office (staff) but I have had no cause to." Staff confirmed they

knew that people were informed of how to make a complaint and that they would pass details of any complaint made to staff at the office.

The registered manager showed us the record they kept of any formal complaints that were made. We saw there had been three formal complaints that had been made which had been investigated and responded to appropriately, following the provider's complaints procedure. They told us staff responded to any issues they were aware of, so these issues were resolved and people did not need to make a formal complaint.

Is the service well-led?

Our findings

Some of the monitoring systems used were not sufficiently robust to ensure they were effective. These included ensuring care workers had a medicines competency assessment. These were undertaken during the planned 'spot checks' completed when staff were visiting a person. However if the person being visited did not require any medicines support then the care worker did not have their competency checked for this. We also identified that some improvements could be made in the auditing of staff files, such as checking an applicant's full work history had been obtained.

People's care records were brought back to the office where they were checked by office based staff to ensure they were completed correctly and were accurate. They also checked to see if anything had been recorded they needed to act upon. We looked at a sample of the audited records and found these had not always been correctly audited. This included not recognising when people had not been provided with the care and support listed in their care plan, or that they had been provided with care and support that was not included in their care plan.

There were other systems in place, which were working effectively, to identify where improvements could be made to the service. People we spoke with received customer satisfaction telephone calls and confirmed they had been sent questionnaires to comment on the services they received. One person said, "They often ask me how do I think they are doing."

We saw there were information systems used to provide weekly reports on the service to the regional manager. This showed that areas such as staff training and supervision were up to date and annual care reviews were taking place. There was also a monthly return which included monitoring of any incidents and concerns, such as any safeguarding incidents and complaints, as well as showing any compliments that had been received. We saw some of the compliments people had made praising the care they or their relations had received.

Overall people felt the service was well run and that staff were effective at communicating with them. One person told us they were mainly happy with the service but said they had not always been contacted to inform them their visit was going to be late so they "have to ring up and find out where they are". A relative told us they had experienced a few issues with their weekly rota not being delivered or when changes were made to this. They said, "I forget whose coming if I haven't got a rota." Other people told us they were pleased with the service and comments included, "The office staff will organise with me over the phone who I will have when mine are away, you can't beat that sort of service, it is top notch" and "They are brilliant I am ever so happy with them. I have asked for more care and they are trying to accommodate this."

Care workers said there had been occasions when they had notified office staff they were running late and asked them to inform the person they were visiting next of this. They told us there were times when the person had not been told about this. Office staff said they did try to pass these messages on but recognised there had been occasions when this had not happened, for example when they had been distracted by another telephone call or they made the phone call but the person had not answered this.

The registered manager told us how they kept people up to date and informed with what was happening in the service. They showed us how they shared information with people who used the service, relatives and staff through monthly newsletters. In addition staff were provided with information by memos, emails and text messages and additionally staff were given prompt cards about key issues such as safeguarding. There was also a structure of management and staff meetings. Any compliments that were received about staff were passed on to them and people who used the service and relatives could nominate a care worker for a 'care worker of the month' scheme.

We saw care workers were welcomed when they came to the office by office based staff and there was a friendly and supportive atmosphere. Resources they needed, such as personal protective equipment (PPE), were available. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People were confident in the way the service was managed and felt the registered manager had made significant improvements to the service since they took up their position. One person told us, "I think [registered manager] is responsible for turning it (the service) around, she has been out to see me twice." Another person said the registered manager was, "Very easy to talk to and very helpful over the phone. She listens to me."

Staff who had worked at the service for over a year told us how the morale of staff had improved and they felt the registered manager had made significant improvements since they joined the service. They described the registered manager as being friendly and approachable, and someone who "gets things done". The regional manager also said the registered manager had made "significant improvements" to the service.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care : Some service users had not had their needs assessed and there were care plans which did not provide detail of all of their needs and how these should be met. Regulation 9 (3) (a), 9 (3) (b) |