

Comfort Call Limited

Comfort Call - Bailey Court

Inspection report

Bailey Court,
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08 March 2022

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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

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. The service provided personal care to 13 people at the time of the inspection.

People's experience of using this service

People told us they felt safe with staff and that staff treated them well. Staff understood their responsibilities for keeping people safe from the risk of abuse and they were confident about reporting any safety concerns.

Applicants suitability to work with vulnerable people was assessed prior to a job offer being made. There were enough suitably skilled staff to meet people's needs and keep them safe.

Safe infection prevention and control (IPC) measures were followed to minimise the risk of the spread of infection, including those related to COVID-19.

Medicines were managed safely. Staff were suitably trained to manage people's medicines and their competency was regularly checked. People told us they received their prescribed medicines on time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted their independence. People were involved in developing and reviewing their care plans.

Staff received induction training and followed a programme of continuous training. Staff received a good level of support through regular supervisions and team meetings.

Staff were knowledgeable about people's wishes and preferences. People were complementary about the staff, they described them as kind, caring and respectful. People's independence was promoted, and they were involved in decisions about their care, staff respected people's decisions and lifestyle choices.

The service complied with the Accessible Information Standards. People were provided with information in a way they could understand.

Care records provided staff with a good level of information about how to meet people's needs and keep them safe. People were involved in regular care reviews and their records were kept up to date to make sure they reflected the care and support they needed and in a way they preferred.

People knew how to complain and were confident in doing so if they were unhappy about something.

People and staff spoke positively about the way the service was managed. There were effective systems to monitor the quality and safety of the service which included obtaining the views of people and others. Improvements needed to the service were acted upon in a timely way. People received person-centred care with good outcomes. There was good partnership working with others to make sure the best possible outcomes for people.

Rating at last inspection

This service was registered with us on 18 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

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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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The registered manager had recently left the service. A new manager was in post and was in the process of applying to CQC to become the registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the manager would be available to support the inspection.

Inspection activity started on 02 March 2022 and ended on 08 March 2022. We visited the location on 02 and 08 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff, the manager and area manager.

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

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Knowsley. To understand the experience of social care Providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other records relating to the running of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were assessed and their care plans clearly set out safety was monitored in line with their risk management plans.
- People had access to devices in their homes to enable them to call for assistance in an emergency.
- Each person had a personal evacuation plan (PEEP) which were being reviewed at the time of the inspection to make sure they were up to date.
- No accidents or incidents had occurred at the service, however there was a system in place for recording, monitoring and managing accidents and incidents and learning from them.

Systems and processes to safeguard people from the risk of abuse

- The providers systems and processes for safeguarding people from the risk of abuse were used effectively.
- Staff completed safeguarding training and had access to guidance on how to report any allegations of abuse. They knew the different types and indicators of abuse and told us they would not hesitate to report any concerns.
- People told us staff treated them well and that they felt safe with them. People also told us they would tell someone if they had any worries about their safety or the way they were treated. Their comments included; "They [staff] treat me very well indeed. I feel safe with them all" and "I'd let someone know if I had any worries."

Staffing and recruitment

- The right amount of suitably qualified and experienced staff was on duty to meet people's needs and keep them safe.
- Staffing rotas were planned three weeks in advance and any unforeseen absences were covered by permanent staff which helped maintain consistency of care and support.
- Safe recruitment practices were followed. Before a job offer was made applicants underwent a series of pre-employment checks to assess their fitness and suitability for the role.

Using medicines safely

- Medicines were safely managed in line with current best practice. Up to date medication policies and procedures and good practice guidance was available to staff.
- Medication was administered by staff who had been appropriately trained and underwent regular competency checks.
- People told us staff supported them to make sure they took their medicines at the right time.

Preventing and controlling infection

- We were assured that safe measures were in place and followed to minimise the spread of infection including those related to COVID-19.
- Staff had received training in infection prevention and control and the use of PPE and were provided with the most up to date IPC guidance. Additional training and guidance were provided to staff in response to COVID-19.
- People told us staff used the right PPE and disposed of it safely. People also told us staff left their home clean and hygienic before leaving each visit.

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 is the first inspection of this newly registered service. This key question has been rated good. 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

- The provider completed an assessment of people's needs and obtained assessments from other health and social care professionals. Outcomes of assessments completed were used to decide if the service was able to meet people's needs before a care package was agreed.
- People took part in regular reviews to make sure their care plans continued to reflect their needs, wishes and choices.
- People told us they received the care and support they had agreed to. Their comments included; "Everything is just how I like it" and "They [staff] know me well and how I like things done."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of the inspection no person using the service lacked capacity to make decisions about their care. However the manager and staff had completed training in the MCA and they understood the assessment process required for people who lacked the mental capacity to make a particular decision.
- People told us they were involved in making decisions about the care and support they received. They told us staff always asked for their consent before delivering care and support and that staff respected their wishes and choices.

Staff support: induction, training, skills and experience

- People received care and support from staff who had received training and support appropriate to their role.
- Staff completed a period of induction when they first started work at the service and completed an ongoing programme of training relevant to their role and people's needs. People told us they had a lot of confidence in the ability of staff. Their comments included; "They [staff] know what they are doing, they are

really good" and "They [staff] are all very good at their job."

- Staff told us they were well supported. They told us they met regularly on a one to one basis with their manager and took part in regular team meetings. Staff also told us they worked well as a team and supported each other.

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

- People received the support they needed to maintain a healthy and balanced diet.
- Care plans detailed people's dietary requirements and any support they needed to eat and drink. People told us staff supported them to make decisions around their meal preferences and knew their likes and dislikes. One person said, "They [staff] know what I like and the foods I should avoid"
- Staff followed specialist dietary guidance from professionals, for example they monitored people's weight and food and fluid intake where this was required and obtained further advice where this was needed.

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

- Staff worked with other agencies to make sure people received the care and support they needed with their health and wellbeing.
- Care plans detailed external health and social care professionals involved in people's care and any advice and guidance they provided for staff to follow.

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 is the first inspection of this newly registered service. This key question has been rated good. 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

- People were treated well, and staff respected their lifestyle choices.
- Staff spoke respectfully with and about people and they referred to people by their preferred names. People's preferred name was recorded in their care plan along with other information including their likes, dislikes and beliefs.
- People described staff as kind, caring, patient and thoughtful. One person told us "[Staff name] does more than they need to do, they do bits of shopping for me in their own time." Another person told us; "I never feel like they [staff] are rushing me, they do things at my pace. They all show me nothing but kindness."

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

- People were provided with opportunities to express their views and make decisions about their care. This was done through regular care reviews, surveys and daily discussions with managers and staff.
- Care plans included people's preferences such as how they wished staff to enter their homes and their preferred visit times. Some people preferred staff to knock and enter via a code whilst others preferred to let staff in themselves.
- People told us they were regularly asked their opinion about the care and support they received and were confident about telling staff if they wanted things doing differently. Their comments included; "They [staff] always ask me if things are ok" and "They [staff] listen and make it happen."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected and promoted.
- Care plans were written in a way which focused on promoting people's privacy, dignity and independence. They clearly set out people's level of independence and provided clear guidance for staff about the things people preferred to do for themselves.
- Some people had the use of electronic devices which helped further promote their privacy and independence. For example, intercoms and handheld door releases. One person told us how important it was for them to be able to have the independence of opening their own doors.
- People told us staff showed them respect. Their comments included; "If they [staff] are going to be a bit late they let me know" and "They [staff] never come in here without knocking."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was planned in a personalised way.
- People told us they were involved in developing their care plans and had agreed to them.
- Care plans were person-centred, they focused on people's personal preferences and detailed their likes, dislikes and things which were important to them.
- People were involved in agreeing their visit times and were provided with details of them. People told us staff mostly arrived at their homes on time and notified them in advance if they were running late. One person told us "It's not very often they [staff] are late, it's usually if they are dealing with something urgent, they do call and let me know."
- Staff supported people where this was needed to follow their interests and take part in activities. For example, staff assisted people to access social events and activities which took place within the complex and to maintain contact with family and friends.

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.

- People's communication needs were discussed as part of their initial assessment and kept under review.
- Care plans detailed people's communication needs and any support they needed to aid their communication. For example, one person's care plan stated to ensure their hearing aids were within easy reach and another's person's care plan stated allow me time to speak.
- People were provided with information in a format they could understand for example large print, pictures and signs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which clearly set out the steps people needed to take should they wish to complain. Each person was provided with information about how to complain or raise a concern.
- No complaints had been made about the service since the provider's registration. The manager was confident about dealing with any complaints or concerns.

- People told us they were confident about complaining if they needed to. Their comments included; "I've nothing to complain about but would let someone know if I did" and "Oh yes if I was unhappy, I'd certainly tell them."

End of life care and support

- There was no end of life care being provided at the time of the inspection. However, training in end of life care and support was available to staff when this was needed.

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 is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The previous registered manager left the service prior to this inspection. CQC were notified about this and of the appointment of a new manager. The new manager was in the process of applying to CQC to become the registered manager.
- The manager was supported by an area manager who maintained good oversight of the service. The area manager had recently visited the service on a more regular basis to provide the manager with additional support whilst the recruitment of a team leader was taking place.
- Managers and staff were clear about their roles and responsibilities, they understood the importance of monitoring quality performance, management of risk and regulatory requirements.
- The quality and safety of the service was effectively monitored, reviewed and assessed through regular audits and checks. Improvements identified were made to the service in a timely way.

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

- There was a positive culture that was person centred and inclusive.
- People's care was planned, monitored and reviewed with their involvement to make sure their plans of care accurately reflected their needs and preferences.
- Staff knew people well and were person-centred in their approach. They involved people in discussions about their care and support and established respectful, trusting and positive relationships with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt fully involved in all aspects of the service. They said they were asked for their opinion and felt their opinion mattered.
- Staff said they were confident about sharing any suggestions they might have about the service and were confident they would be listened to.

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

- The provider acted on their duty of candour. They were open and honest with people and relevant others.
- People told us they were kept informed about anything that might affect their care and support.

- The manager knew which events they were required to notify CQC about.

Working in partnership with others

- There was effective partnership working with others.
- Manager and staff worked in partnership with the housing provider and other health and social care professionals involved in people's care and support such as local authority commissioners and safeguarding teams.