

Comfort Call Limited

# Comfort Call-Stockton

## Inspection report

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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-Stockton is a domiciliary care agency providing personal care to 112 people at the time of the inspection.

Not everyone who used the service received personal care. 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.

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

People told us they felt safe using the service. One person told us, "Yes, I definitely feel safe. [The staff] are absolutely brilliant. It's nice to know they are coming. It's a pleasure to have them in the house." People confirmed they received their medicines as prescribed from suitably skilled staff. Medicines records were maintained, and associated checks completed.

There were enough staff to ensure people received the right level of support. During the pandemic the staff attending calls had not been as consistent as usual but the registered manager had contacted people to explain the reasons why. Although regular staff may have been changed on some occasions, no agency staff had been used. Staff had received training to safeguard people from abuse. Systems and processes were clear and easy for staff to follow to report any concerns. Records confirmed any concerns were effectively managed with actions implemented to improve the service.

Staff told us they felt well supported in their roles and understood when to escalate any concerns or to seek support and guidance. Records evidenced staff received supervisions, observations and competency checks which ensured they followed best practice. Where any concerns were recorded, further training and support was provided. The registered manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

Staff training was managed electronically. Due to recent restrictions on providing face to face training sessions, more training had been done online to ensure staff remained up to date with their skills and knowledge. The registered manager was reviewing the training courses available to ensure staff did not have any gaps in their knowledge and skills.

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.

People and their relatives provided very positive feedback about the care and support they received. One relative told us, "I'm often surprised that they are so good with [my relative]. They enjoy their time together. They chat and laugh with him. I can hear even when he's a bit grumpy they remain polite and encourage

him." Staff supported people in a respectful way, involved them in decisions and encouraged independence.

Staff had access to clear information to provide people with safe care and support. Care records had recently transferred to a new electronic system. Care plans and risk assessments were regularly reviewed. People were involved in decisions about their care. Complaints were handled in line with the provider's policy.

Quality assurance systems were in place to monitor the quality of care and support people received. The provider and registered manager sought feedback from people using the service and used this information to make improvements where necessary.

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 2 July 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

#### 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-Stockton

## 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 two inspectors and two Experts 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 houses and flats.

The service had a manager registered with the Care Quality Commission. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 17 people who used the service and seven relatives about their experience of the care provided. We spoke with 12 members of staff including the regional manager, registered manager, administrator, care coordinators, care workers and senior care workers.

We reviewed a range of records. This included five people's care records including medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received email feedback from a further 12 staff.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to keep people safe from avoidable abuse.
- Staff were aware of the steps to follow to raise any safeguarding concerns. One member of staff told us, "If I need to whistle blow I will as I have before, if I think or know something is not right. All the staff in the office are approachable and understanding."
- Accidents and incidents were reported and recorded appropriately. These were analysed to look for any patterns or trends and lessons learnt to keep others safe in the future.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained clear assessments of risk and included control measures for staff to follow to keep people safe. One person told us, "They definitely make me feel safe. Whatever you want they are there for you."
- Environmental checks of people's homes had been done to ensure the safety of people and staff.

Using medicines safely

- People received support as assessed to take their medicines as prescribed. Records included clear guidance for staff to follow and a new electronic system reduced the risk of administration error. One family member said, "They give medication to my [relative] in the morning, dinner time and night time. It's given at the right time."
- Staff received appropriate checks and training to ensure they had the correct knowledge and skills to support people with their medicines.
- Regular medicines checks and audits were done and any issues identified were acted upon.

Staffing and recruitment

- People received care and support from a consistent staff team who knew and understood their needs. Changes to staff were kept to a minimum but there had been some unavoidable changes caused by the COVID-19 pandemic. The registered manager had explained this to people who used the service and apologised for any disruption. One person told us, "They try to make it the same people [but] it may not always be the same person as on the rota."
- Management ensured people received care and support at the right time and for the right duration. Where calls were required at specific times, for example to assist with medicines, rotas were adjusted to facilitate this. Calls were monitored via an electronic system which reduced the risk of delayed or missed calls.
- Safe recruitment processes were in place and all necessary pre-employment checks were done.

### Preventing and controlling infection

- The service had an infection prevention and control policy in place. Additional guidance in relation to infection prevention and control during the pandemic was introduced to provide staff with current information about COVID-19.
- Staff had received training in infection prevention and control, including donning and doffing of PPE. Staff told us they were supplied with enough PPE to undertake their work safely. People confirmed that staff always wore PPE.
- The provider was accessing regular testing for staff.



# 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 for 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

- People's care needs were assessed when they started to use the service and reviewed regularly. Care records included information about people's choices and preferences which staff respected.
- Care records included evidence of people's consent to their care and support. People and relatives confirmed consent was sought appropriately. One person told us, "They always ask if they can do this or that. I can't fault them."

Staff support: induction, training, skills and experience

- Training was managed electronically and adapted to ensure staff remained up to date with their skills and knowledge. When specialist training was needed to support people, this was arranged. New training packages were being added to ensure staff had access to everything they may need.
- Most people told us staff had the required skills and knowledge to meet their individual needs. Some concerns were raised about staff not being confident when using hoist equipment. We raised this with the registered manager who confirmed all staff had received training. They planned to undertake spot checks and deliver further training where necessary.
- Staff told us they felt well supported. Staff had received regular supervision. One member of staff told us, "If we do need to talk to anyone [between supervision sessions] or have any sort of problems or issues, our manager and coordinators are always there to support us."

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

- Staff provided support with food preparation where the care package required it. Staff had received training to prepare food safely and people were happy with their support in this area.

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

- Records included evidence of healthcare professionals' involvement in people's care. For example, district nurses and dieticians.
- People confirmed staff would access medical assistance if required. One person told us, "They know as soon as I'm not well. They will ring my relative, ring their office and call 111."

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. 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.

- There was nobody under a Court of Protection order at the time of our inspection. Consent was obtained prior to care being delivered and best interest decisions were made where necessary.
- People told us they were involved in decisions about their care. Some people had appointed someone to act on their behalf when making decisions and this was noted in care records.

# 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 for 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 and their relatives were very happy with the care provided. One Person told us, "[The care staff] are absolutely brilliant. It's nice to know they are coming. It's a pleasure to have them in the house. I don't think there's a bad one amongst them."
- Care plans contained information about people's religious and cultural needs. Staff were also mindful of any additional needs people may have, for example due to sensory loss. One person told us, "I can't see very well, so they shout to let me know as they are coming through the door."

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

- People were involved in decisions about their care and the writing of care plans. One person told us, "I met with one of the seniors [staff] to do my care plan."
- One relative told us their family member only wanted female staff to attend and this was respected. They were confident their relative was involved in decisions about their care and told us, "[Staff] bend over backwards to talk to [my relative]."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us privacy and dignity was respected by staff. One relative told us, "While [family member] is getting dressed [staff] close the curtains. They knock on the door, or use the key safe. They don't barge in, they say 'good morning'."
- Staff told us how they supported people to retain their independence as much as possible. One staff member said, "I promote people's independence by letting them do what they can, not taking over. I give them their own time to do the things they can do without rushing them."

# 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 for 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

- Care records had recently transferred to an electronic system. This was still a work in progress when we inspected. We saw a number of completed plans which contained a good level of personalised information. Some details had not yet been successfully transferred across and we highlighted this during our feedback. The registered manager confirmed additional checks would be made to ensure no information was lost during the change over.
- Staff had received training on the new system. Feedback from staff indicated that some staff were more confident than others however the new system had only been in place for approximately five weeks at the time of our visit.
- Staff felt the care plans contained all the necessary information to support them in their role. One staff member told us, "We ensure we read the care plan this tells us everything we need to know about the service user, even the little things like how they like their tea."

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 AIS was being correctly followed. There were communication plans in each person's care records. These highlighted any specific needs a person had in this area. It clearly stated where people required hearing aids or glasses to support with any sensory loss. Additional information was also included such as prompting staff to face a person whilst talking to them otherwise their understanding may be impaired.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and had contacted details for the office. One person told us, "I would phone the office and speak to someone. I don't need to make a complaint, they are too good."
- We saw that complaints were handled in line with the provider's policy. They were fully investigated and responded to appropriately.

End of life care and support

- There was nobody receiving end of life care at the time of our visit. Staff received training in this area and the registered manager told us they also worked closely with the district nurse team and Macmillan Nurses.

# 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 for 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.

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

- Most staff told us communication and guidance from management was good. One member of staff said, "Our manager is very approachable and if we have any problems, she is very willing to sort those out for us." There was some dissatisfaction that rotas could be changed at short notice.
- The registered manager was happy to make time to speak with people and their relatives. One relative told us, "[Name] is the manager and she is lovely. If she can do anything for me she does it. Sometimes I just phone her to have a little chat for a few minutes. I can't fault any of the carers or the office staff."

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

- Quality assurance systems and governance arrangements were in place to identify areas for improvements and the actions needed to address them.
- The registered manager understood their responsibilities around duty of candour and the need to submit the appropriate notifications to CQC. They were open and honest when incidents occurred.

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

- Staff meetings had not been taking place due to social distancing restrictions. Despite this, the majority of staff still felt they were involved. One member of staff told us, "We can always say what we want. We can go to the office whenever we need to and give feedback."
- A full survey had not been carried out in the last 12 months due to the pressures of the pandemic. However, people were contacted by telephone to complete a satisfaction questionnaire. These calls gave people the opportunity to have their say and raise any issues they may have.
- Several people we spoke to reported some difficulty getting hold of the office staff. Some reported leaving messages that were not returned. We raised this issue with the registered manager during feedback and a full investigation was to be carried out with additional training provided if needed.

Continuous learning and improving care

- Staff told us they had been kept up to date with changes to guidance during the pandemic. One member of staff said, "We have had regular emails with updates on PPE. I feel we have been greatly updated and supported with the pandemic."

- Several staff told us they found it difficult that no travel time was factored in between calls. When we highlighted this to the registered manager an investigation was going to be done and further feedback collected to try and address the issue.

Working in partnership with others

- The service worked in partnership with other professionals, such as the local authority and health professionals.