

Comfort Call Limited

Comfort Call Sheffield

Inspection report

164-170 Queens Road
Sheffield
S2 4DH
Tel: 0114 2737305
Website: www.comfortcall.co.uk

Date of inspection visit: 6 and 7 August 2015
Date of publication: 06/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out this inspection on 6 and 7 August 2015. The provider was given 48 hours notice of the inspection.

The service was last inspected on 27 November, 1 and 3 December 2014 and was not meeting the legal requirements of the regulations for management of medicines, requirements relating to workers, safeguarding people who use the service from abuse, staffing, complaints, care and welfare of people who use the service and assessing and monitoring the quality of service provision. The provider sent us a plan of actions that they would take to meet the legal requirements in

relation to each breach in regulation. The provider told us they would be meeting all regulations by 31 May 2015. We followed up on these breaches during our inspection and found improvements had been made in all areas.

Comfort Call, Sheffield provides personal care to people living in their own homes in several areas of Sheffield. The office is based just outside Sheffield city centre. The agency currently provides care for people whose main needs are those associated with older people, however they also support younger people with other care needs

Summary of findings

such as those relating a physical disability. At the time of our inspection they were providing approximately 3,000 hours of care each week to 418 people living in their own homes.

It is a condition of registration with the Care Quality Commission that there is a registered manager in place. 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. There was a manager present during the first day of our inspection who told us they were in the process of registering with the Care Quality Commission.

Most people told us they were happy with the service they received. Their comments included "Very happy with everything, the carers are lovely," "Staff at the office are good, very helpful. Always have been for the last year."

There were sufficient staff, with appropriate experience, training and skills to meet people's needs at the required times.

The staff recruitment process was comprehensive and ensured the safety of people was promoted.

Systems for managing medicines were safe.

Staff training was up to date. Systems for supporting staff were in place.

People told us care workers were kind, caring and respectful.

People's views were sought through questionnaires, telephone calls and home visits.

People felt able to tell staff if there was something they were not happy with. We saw that there were now systems in place to manage complaints.

There were now systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

The provider has made significant progress since our last inspection to improve the service it provides to people living in their own home. These changes are very recent and need to be sustained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Procedures for managing medicines and staff recruitment were safe.

There were enough staff employed to meet people's needs at the time they needed them.

Actions staff should take to minimise identified risks were explained in people's care plans.

Staff knew the signs of possible abuse and how to respond appropriately.

Good



Is the service effective?

The service was effective.

People we spoke with told us staff knew them well and knew their likes and dislikes.

Staff received appropriate training to meet the needs of the people they supported and cared for.

Staff were able to respond to changes in people's needs and took appropriate action to address any changes.

Good



Is the service caring?

The service was caring.

People who used the service told us the staff were caring.

Staff were respectful of people's privacy and dignity needs.

Care plans were person-centred and showed that people and their relatives had been involved in planning their care and support.

Good



Is the service responsive?

The service was mostly responsive.

People's care plans were regularly reviewed, although people told us they weren't always asked for their views.

People told us they knew how to complain and most people felt their complaints were dealt with appropriately.

People were consulted about the service they received.

Requires improvement



Is the service well-led?

The service was well-led.

Requires improvement



Summary of findings

Most people who used the service and most staff told us the manager was approachable and supportive.

People who used the service and staff were regularly consulted.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Comfort Call Sheffield

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.

The inspection took place over two days on 6 and 7 August 2015 and was announced. This means the provider knew we were coming 48 hours in advance of the inspection visit. We did this to ensure that we could speak with staff and look at relevant records.

Two adult social care inspectors carried out the inspection. Another adult social care inspector contacted people via telephone before the inspection visit.

We reviewed the information we held about the service, which included correspondence we had received and the notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a significant injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services. They commission a significant amount of hours from the provider each week to support people living in Sheffield who have been assessed as needing care and support. They told us they had been closely monitoring the service and supporting the provider to improve as they had concerns regarding the level of risk to people who used the service. They told us that actions had been taken by the provider and they no longer had the provider in risk management procedures.

During the inspection we met with four people who used the service. We also spoke with 18 people who used the service and five relatives of people who used the service via telephone. We met with the manager, the care manager, regional operational manager, regional operational support manager, clinical and support manager, and two administrative staff with responsibility for recruitment and the branch electronic reporting system. We interviewed four care workers. We spent time looking at written records, which included nine care records, seven staff records and other records relating to the management of the service.

Is the service safe?

Our findings

During our last inspection on 27 November, 1 and 2 December 2014 we found evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of medicines. This is now covered by regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 6 and 7 August 2015 we found the management of medicines had improved and people who used the service were now protected against the risks associated with unsafe medicines management.

The manager told us where people had been assessed as needing support with taking their medicines, a full reassessment of their needs had been completed. We saw evidence of this on people's care plans. Medication Administration Records (MAR) were audited every month to six weeks after they had been completed and returned to the office to be stored. We saw a sample of completed MAR charts in the office and two current MAR charts in people's homes. They were all signed, with no unexplained gaps.

Staff told us they received medicines training as part of their induction and this was updated every year. We saw evidence of this on staff files seen. Staff understood the importance of signing the MAR chart for all medicines they administered. One member of staff told us, "I look in the care plan to confirm I am responsible for giving medication, then I check the MAR chart to double check the details, administer then sign. I would report to my manager if I noticed any missing signatures." The manager told us where they had identified gaps or concerns regarding the completion of MAR charts by care workers then disciplinary action was taken.

Staff told us they had time critical calls and gave the example of a person who required four hourly medication calls during the day. The member of staff was not given any people to visit for thirty minutes either side of each call. This reduced both the risk of the care worker being late for the time critical call and not having to rush to complete the call.

During our last inspection on 27 November, 1 and 2 December 2014 we found evidence of a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers. This is now covered by regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 6 and 7 August 2015 we found the provider did operate effective recruitment processes to ensure that people were suitable to work in the service. This meant that people who used the service were now protected by an effective recruitment process.

We looked at seven staff files and found suitable pre-employment checks had been carried out by the provider in every case. These checks included evidence of photographic identification, proof of address and proof of eligibility to work in the UK. We also saw at least two acceptable references from previous employers and evidence of a Disclosure and Barring Service (DBS) check. This check assists employers to make safer recruitment decisions and prevents unsuitable people from working with vulnerable people, by disclosing any previous criminal convictions a potential employee may have.

The manager told us all care workers employed by Comfort Call Sheffield had a DBS check. Staff were not able to work in people's home until they had a satisfactory DBS check and two acceptable references. All new recruits were recorded on the internal branch electronic recording system. This system highlighted any omissions from the recruitment process so they were completed before the recruitment process could be finalised.

During our last inspection on 27 November, 1 and 2 December 2014 we found evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Safeguarding people who use services from abuse. This is now covered by regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant with the Health and Social Care Act

Is the service safe?

2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 6 and 7 August 2015 we found action had been taken and systems were now in place to respond appropriately where there were concerns that people who used the service may be at risk of abuse.

Staff we spoke with all had an understanding of the possible signs of abuse and how to report it. We saw evidence of staff completing safeguarding training on the staff files seen. The manager told us that safeguarding training was undertaken by all staff every year. One care worker told us, "I would always report any concerns to the office and I am confident they would do what was needed."

We saw a clear record of all safeguarding concerns raised since November 2014. All actions taken had been recorded. Safeguarding policy and procedures were up to date and relevant.

During our last inspection on 27 November, 1 and 2 December 2014 we found evidence of a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing. This is now covered by regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 6 and 7 August 2015 we found there were sufficient numbers of suitably skilled and experienced staff in order to safeguard the health, safety and welfare of people who used the service.

We looked at how the provider ensured there were enough staff to care for people at the times they needed. Most people told us they had regular staff who came to visit them. One person said, "I have the same group of carers, I

know them all and we get on very well." Another told us "Very good staff, same ones generally come, always stay full time and never rush off." One person told us, "Never know who is coming, particularly at weekends. Although all staff are OK, I feel safe with them."

At the time of our inspection there were 132 care workers employed. In addition the management team consisted of three care coordinators posts (of which two were vacant), five team manager posts (of which three were vacant) and one care manager. Temporary additional regional operational support was in place three days a week while the management team vacancies were recruited to. This meant that the service made sure that they had sufficient numbers of suitable staff to keep people safe and to meet their needs. There was an on-going recruitment process in place and the manager told us this was very thorough so potential care staff know exactly what the job entailed before they were recruited.

The care records we looked at included risk assessments for people's health and well-being, such as a falls risk assessment and a skin integrity assessment. Care plans described the equipment and actions needed for the care and support people required. Staff told us they knew to refer to the care records in people's homes when providing care.

The service had a business continuity plan in case of unexpected incidents or extreme conditions, such as adverse weather. The plan identified the level of risk to a person in different situations and how quickly they would need support. The plan didn't include contact details and home addresses of staff so they could support people who lived nearest to them. We spoke to the manager about this and she told us the plan would be updated to include these details.

Is the service effective?

Our findings

During our last inspection on 27 November, 1 and 2 December 2014 we found evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Care and welfare of people who use the service. This is now covered by regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. During this inspection, which took place on 6 and 7 August 2015 we found there had been improvements and the service was taking action to deliver person-centred care

People we spoke with told us they felt staff were suitably trained to care for and support them. One person told us, “I am right happy with my carers, they know what I need.” Another said “The carers are good, seem well trained and know what to do.”

One care worker told us “I’ve got a permanent rota, it’s improved. I’ve got regular people on my rota, I can get to know them.”

We saw Comfort Call Training and Development Policy. It gave details of a comprehensive class room based induction. Training included a half day on nutrition and healthy eating and a full day on safeguarding vulnerable adults and mental capacity. During their induction staff told us they complete a written questionnaire to confirm they had understood what they had been taught. This was then kept on their staff file. We found new care workers shadowed a more experienced member of staff before they could be signed off as competent and fully trained to work on their own. Managers also undertook spot checks on all care workers to ensure people were being supported as detailed in their care plans.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. We saw that staff had been

provided with training in this area. Staff we spoke with had a good understanding of the principles of the MCA. Staff also confirmed that they had been provided with training in MCA and could describe what this meant in practice

Staff told us they had supervision, although the frequency of this was variable. We saw evidence of supervision and appraisals taking place on staff files. Supervision is an accountable, two-way process which supports, motivates and enables the development of good practice for individual staff members. An appraisal is a process involving the review of a staff member’s performance over a period of time, usually annually. Three of the staff we spoke to had supervision the day before our visit. We spoke to the manager about this and she told us supervision sessions had been missed in the past and they were working to improve this.

We were shown a recently introduced new supervision format. Supervision meetings were structured and covered the providers standard agenda items such as professional development and sickness absence monitoring. In addition, a different theme, such as continence care and medicines, were discussed at each supervision. We saw factsheets were available for each theme and these could be accessed outside of supervision if required. This meant that staff were given the support and training they needed to carry out their job safely and effectively.

We saw evidence of daily records on people’s care records. These were completed at the end of each visit by the care worker to summarise how the person was and describe the care and support that had been given during the visit. Completed daily records are one way in which different care workers who are visiting the same person can communicate any changes.

People we spoke with who required assistance with meals confirmed that staff always asked what they would like to eat and gave them a choice. People’s dietary preferences were recorded in their care plans. We found that people had been supported to see other professionals involved in their care, such as GPs and Social Workers, in order for them to receive appropriate care and treatment.

Is the service caring?

Our findings

People who used the service told us staff were caring. People's comments included, "[Name of carer] is my main carer and he will do anything for me." "Will do anything for me. They are all lovely and respectful" and "Staff are always nice, we enjoy a chat when they are helping me and when they leave."

People we visited knew who their carer workers were and were able to name them. They told us, "I have regular a carer, [Name of carer] and he cares about his clients and is amiable" and "When my regular carer is off I get other carers that are nice."

Staff we spoke to knew the people they cared for. Comments included, "I have good relationships with service users, I get compliments from them" and "I know people really well, what they need and what they like."

Care workers told us that learning how to treat people with dignity and respect at all times was part of their induction.

They understood why it was important to support people in a caring way and were able to give examples of how they did this, for example knocking on doors before entering, using a towel to cover person while delivering personal care. All staff we spoke with referred to people who used the service in a respectful and compassionate way. People told us, "Staff are very polite, always knock on my door and call my name to let me know they are here" and "Always introduce themselves, definitely respectful."

All the care plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences.

The care plans contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this. Care plans were signed by the person or relative which evidenced that people and/or their relatives had been involved in their care and support planning.

Is the service responsive?

Our findings

During our last inspection on 27 November 2014, 1 and 2 December 2014 we found evidence of a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Complaints. This is now covered by regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Complaints. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 6 and 7 August 2015 we found action had been taken and systems were now in place to respond appropriately to complaints.

People told us they knew how to raise a complaint. One person told us “I ring the office if I am unhappy, they sorted out a problem and concern I had. The staff I didn’t like no longer visit me.” Most people felt confident that their concerns would be taken seriously and dealt with appropriately.

The provider held a record of all complaints received. We saw written evidence of this on file and on the branch electronic recording system. Information on what action was taken to resolve each complaint was recorded and whether the issue was resolved. The system was set up so all complaint responses had to be agreed and signed off by both the manager and area manager.

There was no evidence to suggest that the outcomes of the complaints investigation were used to improve the service. We spoke to the manager about this and she told us that this was something she would consider doing.

We found that most people who used the service received care that was responsive to their individual needs, choices and preferences. We were told “My care plan was reviewed by the manager three months ago. I was asked my views,” “I needed ten minutes extra; a care manager came out straight away.” Other people told us “My care plan was reviewed a month ago, but it doesn’t include my preferred visit times.” “Rewrote care plan last month, just wrote in it, never spoke to me.”

We were told managers contacted people who used the service every three months to find out if there were any problems or if things were going well. This was done by either a phone call to the person or via a visit to the person’s home. People we met with told us this happened. A service quality survey had also recently been sent out to every person that used the service. There had been a 43% response rate to the survey and results were being analysed. We were told that people would be given the results and informed of what actions the service was going to take to improve the service. Five people we spoke to told us that they had recently received a questionnaire.

We looked at care records of people who used the service. We saw evidence of all care plans being reviewed within the last twelve months, which was the provider’s policy. Where a person’s needs had changed the review was brought forward: A person who used the service told us their medicine had been increased and they now needed assistance with this four times a day, previously it had been twice a day. The staff responded to this request straight away and we saw the care plan had been reviewed and updated to reflect this change.

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager in place, however the manager told us that she was in the process of applying for registration with CQC. The previous registered manager had left the service in June 2015.

During our last inspection on 27 November, 1 and 2 December 2014 we found evidence of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Assessing and monitoring the quality of service provision. This is now covered by regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. During this inspection, which took place on 6 and 7 August 2015 we found there had been improvements and the service now had quality assurance systems in place to assess and monitor the quality of the service.

The service had an electronic call monitoring system in place so that care workers could record what time they arrived at a person's home and what time they left via their mobile phone. This meant that calls were monitored to ensure they were taking place at the correct time and for the full length of time required. We were told spot checks were made on care workers while they were supporting a person. These checks were to monitor the quality of the service delivered. A care worker told us that she had been observed at work by her manager the day before our inspection.

Some people told us that they felt the service was well run, "Things much better at the agency, earlier problems ironed out." Another person said "I know I can ring the manager and speak to them, I would recommend agency to others."

Other people told us, "It may have settled a little with the new manager, but no real improvement, communication is poor" and "I am never told when staff are late. They always say 'she is on her way'."

Most of the staff we spoke with told us they had confidence in the manager and commented, "Managers are approachable and I can contact them at any time" and "Managers are very approachable and I can always come into the office. I enjoy my job." A staff satisfaction survey was undertaken yearly but to date the response rate had been very low. This made it difficult for managers to respond because when only a small number of people reply to a survey these views may not be representative of the wider group.

Team meetings for staff where they could discuss concerns or the ways that they were working were taking place. We saw copies of notes from these meeting on staff files. Staff told us they had attended team meetings. They also told us they got newsletters about the service with their payslips.

The provider had policies and procedures in place which covered all aspects of the service. The policies and procedures were up to date. The manager was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed that a number of notifications had been received.

Our inspection identified that the management team has made significant changes to improve the service. However, these improvements such as the new supervision format had only been recently implemented at the time of our inspection. Evidence of these changes being sustained is required before this question can be rated as "Good".