

Comfort Call Limited

# Comfort Call Gateshead

## Inspection report

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07 December 2016  
21 December 2016

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## Ratings

Overall rating for this service

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The last inspection of Comfort Call Gateshead was carried out in March 2016. At that inspection we found the provider had breached regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance processes had not always been effective in addressing identified shortfalls. Also, some notifications required by the Care Quality Commission (CQC) had not always been sent to us in a timely way.

We carried out this focused inspection on 7 and 21 December 2016 to check whether the provider's quality assurance and management systems led to improvements in the running of the service.

Comfort Call Gateshead is a domiciliary care agency which is registered with the Care Quality Commission to provide personal care for people in their own homes. The agency operates in the Sunderland, South Tyneside and Gateshead areas. The agency also provides a domiciliary care service to people who live in extra care housing schemes. There were approximately 1,500 people using the personal care service provided by this agency.

There were registered managers in place at the service. 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.

Since the last inspection the registered manager had been promoted to regional manager. Two branch managers, who were responsible for the management the care service provided in two local authority areas, had registered as managers with the Commission. A third branch manager, who was new in post, was also planning to apply for registration. This meant there was shared responsibility and greater management oversight of this very large domiciliary care agency.

We found the provider had made its quality assurance processes more robust and this was leading to improvements in the service. The managers were using the organisation's business management systems more effectively so that trends and areas for remedial action were identified and addressed.

Most of the people and relatives we spoke with felt the service was "well managed" and all felt able to contact the office.

While improvements had been made we could not improve the rating for Well-Led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was well-led.

We found the provider had taken action to make its quality assurance processes more effective which was leading to improvements in the service.

While improvements had been made we could not improve the rating for Well-Led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Comfort Call Gateshead

## **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.

We carried out focused inspection of Comfort Call Gateshead on 7 December 2016 and contacted people who used the service on 21 December 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in March 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service well-led? This is because at the last inspection the service was not meeting a legal requirement in relation to that question.

The inspection was undertaken by one adult social care inspector and an expert by experience.

Before our inspection we reviewed information we held about the service and the provider. This included the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. We asked commissioners from the local authorities for their views.

During our inspection we spoke with 19 people who use the service and six relatives. We also spoke with the regional manager, two registered managers, a branch manager and an administrator staff.

We looked at records about the provider's quality assurance processes, the business management systems in the agency and records of the views of people who used the service.

# Is the service well-led?

## Our findings

At the last inspection in March 2016 we found the provider's quality assurance process was not robust and was not always effective in addressing identified shortfalls. At the last inspection we found there had been an 18 month gap between the provider's audits of the agency. Some issues that had been identified at the first audit were still not addressed by the second visit.

During this inspection we found the provider had developed its auditing process. There was now a clear schedule of quality assurance checks which were carried out every three months by the organisation's Clinical Support Managers. The audits included safeguarding, medicines management and complaints.

The three branch managers now submitted detailed monthly reports to the regional manager showing its current compliance, for example in relation to staff recruitment, complaints, safeguarding, quality assurance visits to people, accidents and disciplinary matters. Any actions for attention were set out in an action plan with timescales for improvements. These were checked again at the next monthly report and then signed off by the regional manager when completed. In this way the agency now had a clear and continuous pathway to identify and act on areas for improvement.

At the last inspection the agency staff were recording information on the provider's computer-based management systems. However this information was not being used to identify trends and improve practice.

During this inspection we found the business reporting system now had a 'dashboard' that showed any areas for attention, for example staff training and care plan reviews. Each day administrator staff checked the reporting system for forthcoming deadlines, for example refresher training, staff supervisions, quality assurance contacts with people and annual care plan reviews. We saw this had led to month on month improvements being achieved in these areas.

At the last inspection we found some inconsistencies between management practices in the three branches, specifically around 'continuity of care' checks to make sure people did not receive an unacceptably high number of different care staff members.

During this inspection we found the regional manager now held quarterly management meetings with the three branch managers to discuss expected practices. The branch managers then disseminated this information and instruction to staff. Branch managers felt this had supported all staff members in the agency to have a greater knowledge of the culture and standards of the organisation.

The agency used a number of ways to get the views of people who used the service. These included telephone interviews, recorded comments during spot check visits, and an annual questionnaire. Some of the people we spoke with could not remember being asked for their views but we saw evidence that the agency did request their comments, including an annual questionnaire in May 2016. Any areas people had thought could be improved were recorded and an action plan put in place.

Most people told us the service was "well-managed" and "do their best". One person commented, "At the minute a great improvement in management." The majority of people we spoke with felt any comments they made to the agency were acted on. For example, one person told us, "It seems that it has improved recently. Eight months ago any concerns fell on deaf ears - now they listen." Two people felt the office staff did not always deal with their comments. All the people we spoke with felt they could contact the office at any time.

The people and relatives we spoke with felt the most important aspect of the service was continuity of care. Some people felt the best thing about this agency was having the same regular care staff and having staff who knew their needs and how to support them. The remaining people felt this aspect needed improving and we told the branch manager about this. All three branches carried out a weekly 'continuity of care' check (this was a check of whether an acceptable number of different care staff were rostered to each person during the week).

Since the last inspection we found notifications had been submitted to the Commission in a timely way. The management structure provided greater oversight across the three branches and branch managers were keen to work with partner-agencies to continuously improve the service to the people who used it. Commissioning officers from different local authorities told us the managers and provider were receptive to advice and acted on recommendations about areas for improvement.

While improvements had been made we could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.