

Comfort Call Limited

# Comfort Call - Monica Court

## Inspection report

Monica Court  
Half Edge Lane, Eccles  
Manchester  
Lancashire  
M30 9AR

Tel: 01617075690

Website: [www.comfortcall.co.uk](http://www.comfortcall.co.uk)

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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

This inspection took place on 08 and 09 October 2018. The first day was unannounced but we informed the service we would be returning on the second day to complete our inspection.

Monica Court is an extra care scheme, there are two other extra care schemes attached to this registration, Mount Carmel and Moore's House. Extra care provide accessible and safe housing for older people who have their own self contained flats and have access to a shared lounge and dining room if they wish.

At the previous inspection in August 2017 we had rated the service as requires improvement in two of the key questions, and overall. This was because we had identified a breach of the regulations in relation to governance. Following this the service had submitted an action plan which identified the actions they planned to take and by when, to ensure the two key questions improved to at least good. We found there had been significant improvements in the areas we had been concerned about and the service was no longer in breach of the regulations.

There were clear safeguarding policies and procedures in place, we could see the service had followed these when required. Staff we spoke with knew what might be safeguarding concerns and how they should raise them. This ensured people continued to be protected from the risk of harm and abuse.

People were supported to manage the risks in their daily lives. Where a person needed support to manage risk there was an assessment which identified the level of risk and a management plan to minimise the potential for harm to occur. People were supported in ways which had the least restrictive impact on their independence.

People living in the service told us they thought there were enough staff to support them safely. Staff we spoke with told us they always had enough time to support people safely, including those needing two people to support them to transfer. Some staff said they would have preferred to spend more time with people.

People who wanted to manage their own medicines were supported to do this safely. There were risk assessments completed to help identify the level of independence a person had, which were reviewed regularly to reflect any changes in a person's needs. Some people were supported by the service to manage their medicines. We found there could be some improvement made in relation to some aspects of this and have discussed this further in the safe domain. We were confident no one had experienced any harm.

There was personal protective equipment including gloves, aprons and hand gel available throughout the communal areas and in individual flats. This ensured people were protected from the risk of infection.

To ensure the service could be confident they could support people effectively, their needs had been assessed before they were accepted into the extra care scheme.

Staff received regular training in all the key areas required. There was additional training available for staff to improve their knowledge around areas of interest.

Supervision was provided regularly in accordance with the services' policy. The registered manager also provided additional themed supervisions when a member of staff needed support to improve their practice.

The team continued to work with their partners in housing, other extra care schemes and community based health professionals to ensure effective communication.

People were supported to maintain their health and wellbeing and, where required, had support to maintain their nutrition.

People living in the service told us the staff were kind and caring. Relatives we spoke with also praised the caring attitude of the staff. People were supported to maintain their independence and to make choices about their care. Many people continued to manage their own affairs and come and go from the service when they wished.

People received personalised care that was responsive to their needs. Care plans included details about what was important to the person and their preferences.

People were encouraged to raise their concerns through a variety of forums. There was a complaints process, however, most of the concerns people expressed had been responded to before becoming a formal complaint.

People living in the service and their relatives told us they thought it was well managed and they were able to approach the manager and the management team at all times.

Staff told us they were happy to work at Monica Court and praised the management team. Staff were aware of their responsibilities and the standard of professionalism expected of them. Staff spoke about how important their role was to them and how much they valued supporting people living in the scheme.

Regular audits and checks had ensured good governance. The registered manager had oversight of any issues as they arose and had an effective system in place to manage them.

The service continued to work in partnership with other organisations to improve and develop the service.

## 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 were protected from the risk of harm and abuse by robust safeguarding procedures which the service used appropriately. Staff were aware of what might be a sign of abuse or harm and how to raise their concerns.

People had been supported to manage the risks inherent in their daily lives. Each area of their health and social care needs had been assessed and a plan developed to minimise the potential for harm.

Medicines were being managed safely. Systems had improved since the previous inspection and the home were no longer in breach of the regulations. Any issues had been addressed in a timely way.

### Is the service effective?

Good ●

The service was effective.

The service ensured they could meet people's needs by completing an assessment prior to accepting them in to the extra care scheme.

Staff were trained and skilled in supporting people to meet their needs. People living in the service told us they felt staff knew what they were doing and understood their needs and preferences.

The service was working within the principles of the Mental Capacity Act (2005). They ensured people who needed support to make decisions had the right support. Staff understood the importance of getting consent from people before providing care and support.

### Is the service caring?

Good ●

The service was caring.

People told us they found the staff to be caring, kind and helpful.

Staff told us they enjoyed supporting people and making a difference to their daily lives.

People were supported respectfully in ways that upheld their dignity. People told us how staff took care to make sure they felt comfortable when receiving personal care.

People were supported to communicate their needs and wishes. Where a person did not have effective verbal communication the home had developed a communication plan to ensure they were able to express their wishes and retain control in their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received person centred care that was reflective of their needs and wishes. Support was updated to reflect any changes. People's views on the quality of the care they received was regularly sought to ensure they received the service they preferred.

Activities were provided each day and additional outings and charity events were arranged. Many people had retained their independence and managed their own social lives.

People had the opportunity to meet with the landlord regularly and have a say about the property and the facilities.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a clear culture based on achieving high quality care and positive outcomes for people using the service. Staff were committed to providing high quality care and said the registered manager was very clear about expectations.

Regular auditing and spot checks ensured the management team had oversight of the service. This ensured people received care and support as detailed in their care plans. Any concerns had been addressed and steps taken to ensure there was no reoccurrence.

The service continued to work with partner organisations in a cooperative way which ensured the service was being provided to a high standard.

# Comfort Call - Monica Court

## **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 checked 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 08 and 09 October 2018, the first day was unannounced but the service knew we would be returning on the second day to complete our inspection.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC), one specialist advisor for medicines on the first day and one expert by experience who conducted telephone calls with people who used the service, or their relatives, on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including notifications we had received such as any safeguarding incidents that had taken place. We contacted any commissioners involved with the service to see if they had any information to share with us prior to the inspection. We also reviewed information contained in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care records for five people. The medicines and medicine management and records for six people. We reviewed the service's policies and procedures and records relating to the ongoing management of the service including four staff recruitment files. We spoke with 17 people who lived in the service to explore their views of the service they received. We spoke with four members of staff including a senior, a night worker and carers. We also spoke with the registered manager.

## Is the service safe?

### Our findings

People living in the service reported feeling safe. They told us, "I feel very safe here.", "I am safe and I know who to contact if I don't feel safe.", "I never worry about them not coming to see me."

There were clear safeguarding policies and procedures in place which the service had followed when required. Staff we spoke with were able to identify what might be a concern and how they should raise them. This meant people continued to be protected from the risk of harm and abuse.

At the previous inspection the service was rated as 'requires improvement' in this key question because they had not ensured safe management of medicines and the recording of medicines had not been done properly. The service had developed an action plan to address these concerns.

We looked at six people's medicine supplies and administration records which were kept in their flats. We also reviewed audits of medicine administration completed by the registered manager and any follow up actions including supervisions with staff when errors had been identified.

There had been significant improvement in the way the service managed and recorded medicines. Medicine records included information about allergies, time sensitive medicines, which had been administered and recorded fully, there were dates of opening on topical medicines, where the date had worn off the registered manager corrected this during the inspection. Risk assessments had been completed to establish the level of support people needed to manage their medicines. Risk assessments had been updated to reflect changes to the person's wishes or needs. One person's medicines had not been locked away as described in the risk assessment, we raised this with the registered manager who addressed this straight away. We were satisfied the medicines were out of reach and the person had not experienced any harm. One person had not had their medicines on three occasions in the previous week. We discussed this with the registered manager who advised the process agreed with the family had not been effective. They addressed this immediately in consultation with the doctor and family. We were confident this would have been addressed by the weekly audit of medicines. Where there had been some gaps in the signing for some medicines this had been identified by audits and addressed.

Risk assessments had been completed to support people to manage the risks in their daily lives. It was evident from the way risk assessments had been completed and management plans devised that people had been involved in developing them. Risk assessments were reviewed and updated to reflect changing wishes and needs. People were supported to take positive risks which increased choice and control in their daily lives.

The service had ensured there were sufficient staff on duty to support people safely. People had agreed numbers of hours of support each day. The majority of staff told us they always had enough time to provide support safely, one person told us they felt a bit rushed. People who lived in the service told us they felt staffing levels were safe and did not feel rushed.

Recruitment policies and procedures had been followed to ensure staff had been employed safely. We reviewed four staff files, including people who had been employed since the previous inspection. All necessary documentation was present. Disclosure and Barring service (DBS) checks which check whether anyone has a criminal conviction which might prevent them working with vulnerable adults had been completed prior to staff starting work.

The premises were the responsibility of the landlord. However the service retained oversight and reported any concerns quickly. Regular communication with the landlords ensured any maintenance issues were addressed in a timely manner. There was a fire evacuation plan. In addition each person had a personal emergency evacuation plan (PEEP) which identified what support they might need in an emergency.

Accidents and incidents had been recorded and investigated to ensure the potential for reoccurrence had been minimised. The infection control policy and procedure ensured people were protected from the risk of infection. Gloves, aprons and hand gel were available in communal areas and in each flat. We observed staff used this when required at meal time and when providing personal care.

## Is the service effective?

### Our findings

There was an admission panel and screening process to ensure people's needs were assessed prior to moving in to the extra care scheme. This ensured the service was appropriate to the person's needs. Assessments were comprehensive and included details of the person's health and social care needs. Care plans were developed which detailed how the person preferred their needs to be met. The service consulted with the person, their family and other professionals involved to ensure comprehensive assessment were completed.

People living in the service said they thought the staff were trained and able to meet their needs properly. One person said "Staff are very good at what they do." Staff told us they felt confident they had the skills to support people effectively. Comments included, "The training is good it shows you about the procedure and has given me confidence.", "My induction training was really good, I can rely on my team to help me as well." The training records showed everyone was up to date with their training. In addition the registered manager was introducing a new 'fitness to practice' passport which included key topics with written assessments and observational competency assessments with a follow up supervision discussion. One member of staff said, "The fitness to practice passport has increased my learning and knowledge, it was challenging." This showed the service was committed to maintaining and developing the skills and knowledge in the team.

Staff received regular supervision in line with the services policy. Supervision is a one to one session between a member of staff and a senior to discuss areas that are going well or areas of concern. Staff told us they found supervision helpful. Some people had received themed supervision around areas they needed to develop. This showed the service was committed to supporting staff to improve their practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) in extra care schemes any DoLS must be authorised by the Court of Protection. No one was subject to DoLS at the time of inspection. Where some people had difficulty making some decisions a capacity assessment had been completed and any decision taken on the persons behalf had been shown to be in their best interests. Staff understood the principles of the MCA and the importance of achieving consent before providing care and support. People who lived in the service told us; "Staff knock before coming into the bedroom.", "Staff always ask me first."

Where people needed support to prepare meals people told us the service helped them. Comments included, "I choose my own food. Staff look after me and what I eat. I feel involved with everything.", "Staff look after my meals. Some are good little cooks, some are not, it's alright with me.". There was a communal

dining room where a hot lunch was served every day. The meals were bought in from a hot meal service and served by the staff.

Some people needed additional support to maintain their nutrition including having supplements. We could see these had been provided and records of food and drink taken maintained. People had been supported to maintain their health and wellbeing. Details of people's medical diagnoses and treatment plans were included in their care plans. Where required, people had support to make and attend medical appointments. The service worked closely with community based health services including district nurses to support people to maintain optimum health.

Research has shown that people living with dementia can benefit from adaptations to their environment which promote their independence. The individual flats remain the responsibility of the tenant and their family. The service had worked with the landlord to develop and modernise the building to include colour themes for each of the three floors and improve identification of individual flat doors. Further negotiations are ongoing. A dementia service had visited and people had made some memory boards which had been displayed in communal areas.

## Is the service caring?

### Our findings

People who lived in the service felt the staff were kind and caring. Comments included, "They are very kind and lovely to me. I like my staff. I ask them to help me.", "Staff are nice, they treat me well.", "I feel treated well, I'm delighted." Staff we spoke with told us how important it was to them that the people they supported felt valued and cared for.

During the inspection we saw staff interacted with people frequently and were polite and respectful. Staff took time to chat and involve people in conversations. People told us; "When staff come, they sometimes have a chat, tell me what is happening in the big world.", "Staff speak to me all the time. I'm not left out. I'm involved. I know what's going on."

People appeared to be well dressed and presented. Records had been kept to show when people had support with bathing to maintain the standards they preferred.

People living in the service told us staff ensured their dignity had been maintained. Comments included; "I feel treated well, I'm delighted.", "Staff always knock before coming into my bedroom.", "When I have a shower, the staff make sure I have my towels and everything." Staff were also skilled at supporting people who may feel reluctant to accept support at times. Staff said; "Sometimes if people don't realise they need help I try to distract them and re-approach the topic later, if someone is reluctant to have a shower I might explain what the benefits would be of looking and feeling good.", "I talk through what I am trying to do. If the person declines I respect that and try again later." People also felt staff encouraged them to be independent, one person said, "I can do things for myself, staff usually let me try first before asking me if I need help."

At the previous inspection we noted staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. These had been further developed through the 'fitness to practice' passport. Similarly the service endeavoured to respect and support the diversity of the people living in the service. Person centred assessments had included information about cultural and identity needs. Staff could describe how they respected people's choice and how they supported them to maintain them.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. There was an AIS policy and procedure in place. Each person who needed support with communication had details of how to best achieve this in their care plans. The service could provide information in large print for people who were visually impaired. We saw that a person with dysphagia, following a stroke, had their own communication aid and strategy to support their communication.

# Is the service responsive?

## Our findings

People continued to receive care that was personalised and responsive to their needs. Assessments and care plans had been written in person centred ways which captured full details of the person's needs, background, preferences and goals. It was evident from the information included in the care plans people had been fully involved in determining their priorities and goals. Daily records were completed which were respectful and informative.

The service ensured they maintained oversight of any changes to people's needs and preferences. Where changes had been identified the service ensured they made appropriate referrals including to district nurses, doctors, occupational therapy and to commissioners. This ensured people received the right level and type of support.

People told us the service was flexible and responded to their wishes. "I choose what I want to do. I get up when I want, got to bed when I want. I like it, I have enough support.", "The staff really know me, they know what I want and what I don't.", "Staff ask me if everything is ok and if I need anything else, I can make my own decisions about everything. Staff will help me when I need them."

The service had a complaints procedure which we could see had been followed. Complaints received had been logged and the action taken in response to each complaint had been recorded. People were aware of how to raise complaints and told us they felt able to raise their concerns at any time. Customer satisfaction surveys were completed each year, we reviewed the results of the most recent survey which was displayed on a board in the foyer area, we noted all the feedback had been positive. In addition the service also completed quality assurance visits with each tenant every three months to review their views on the quality of the service they received.

Regular meetings were held between the service and the landlord which provided opportunities for people to raise concerns about the building and facilities.

Some people living in the service had active social lives and engaged in activities, independently, with their friends and families. There were a variety of activities provided at the service in conjunction with the housing provider. There was a timetable displayed in the foyer and details included in the monthly newsletter. Recent activities included; films, bingo, exercise sessions, pamper sessions, quizzes and coffee afternoons. In addition there were trips out, tea dances and charity activities to raise money for people's preferred charities. The service kept a log of how many people attended events and activities and sought their views to enable future planning.

The service supported people at the end of their life to have as pain free and comfortable death as possible. Staff were trained about how supporting people to have a 'home for life' to avoid the need to go to hospital if at all possible. The service continued to provide their regular support but worked alongside the district nurses and other community based health professionals. The service used a keyworker system which identified individual tenants the staff had detailed oversight of. Keyworkers can receive additional training

specific to the individuals they support to provide consistent end of life care.

## Is the service well-led?

### Our findings

There was a registered manager. 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 living in the service told us; "I know the managers they are in the office, I like everything here.", "The managers will come to see me if I need them to. They listen, I have no complaints or concerns.", "I couldn't be in a nicer place, I love it here."

There was a clear management structure in place in addition to the registered manager there was a shift coordinator and senior carers whose roles had been clearly identified, this ensured the service was organised and well led with clear lines of accountability. The registered manager was accessible and approachable, we saw people living in the service, their relatives and staff regularly approached them and other members of the management team.

The service had clear values and a positive culture, staff were committed to the service and were aware of what was expected of them in relation to the standards of care and their own professional behaviour. Staff we spoke with praised the management team; "The registered manager is good, they communicate well are supportive and clear on values.", "Management has improved [since new registered manager has been in post], they are approachable and supportive.", "Management are clear about our roles and are fair with everyone." Staff spoke about how important their role was to them and how they valued the people living there and wanted to do their best for them. Spot checks were regularly undertaken by the management team to ensure staff maintained quality care.

At our last inspection we found governance systems had not been fully effective in ensuring the safe management of medicines. The service had developed an action plan to address these concerns and we checked to see how effective this had been. We found governance systems had been significantly improved and the service was no longer in breach of the regulations. Regular audits ensured errors were identified in a timely way. Follow up actions had been documented. Staff had received themed supervisions and, where these had not been effective, the service had followed it's disciplinary procedures. In addition the registered manager and other members of the management team completed regular audits of care plan records to ensure care was being provided as detailed in the care plans.

Quality assurance visits were completed with tenants every three months, they explored their experience of the service including; whether they felt supported with dignity, whether their lifestyle choices and beliefs had been respected, whether they felt rushed and if staff were doing what they expected. We could see how the service had used the information to amend and improve the service. There were monthly tenant meetings with the landlord to allow people to raise any issues they may have with the building and facilities.

We looked at how well the management and staff team ensured effective communication to ensure they

had accurate knowledge of people's needs. There was a handover system which ensured people's needs were communicated at each shift change. Staff were expected to sign the handover document to show they had read it.

Team meetings were held every three months. We reviewed the minutes of the most recent meetings, they included a full range of topics related to the service and the needs of tenants. The minutes were available for staff to read. Staff told us they found the meetings useful and felt able to raise any matters for discussion. Staff also told us they found the team worked together well and were focussed on supporting people to a high standard. Monthly management and team leader meetings and three monthly regional meetings, provided opportunities to share knowledge and skills.

The service worked in partnership with several organisations and agencies with a view to improving the quality of the service and sharing skills and knowledge. To improve safety and security, the service had invited the police to visit the tenants and deliver talks on keeping safe. Age UK and a Dementia care organisation had given talks and left information for people to view. The service also had quarterly monitoring meetings with commissioners to evaluate the quality of the service.

The service had comprehensive policies and procedures in place in relation to all regulated activities. We looked at the records maintained which showed the service were following their own policies and procedures. Staff knew how to access the policies and procedures both on line and in hard copy in the office. People's personal information was stored securely to protect their confidentiality.