

Comfort Call Limited

# Comfort Call - Willow Barns

## Inspection report

Consett Road  
Blurton  
Stoke On Trent  
Staffordshire  
ST3 3EA

Date of inspection visit:  
30 April 2019

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28 May 2019

### 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 - Willow Barns (Willow Barns) is an Extra Care service supporting people to live independently in their own flats. The service was providing personal care and support to 50 people at the time of inspection.

People's experience of using this service: The registered manager had been in place for four months and had gained a strong understanding of people's needs and the processes and policies of the service. They were well supported by a dedicated team of staff, including experienced senior staff who deputised for them. Area management ensured the registered manager was accountable for maintaining good standards.

Where there was scope for improvement, the registered manager was receptive to feedback. Auditing processes for medicines administration were not always in line with established best practice. We have made a recommendation about this.

People and their relatives spoke highly of the registered manager, as did staff. Staff felt they were well-led and given direction.

Staff turnover was low and morale improved at the time of inspection after a time of managerial change.

Good community links were in place and people pursued interests and activities meaningful to them.

Records were accurate, up to date and person-centred. Staff shared information on a daily basis via a handover book and regular meetings.

Medicines administration was safe and staff had the appropriate skills and knowledge. People were kept safe and staff were suitably trained in safeguarding principles and practice.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. Appropriate training was in place for staff regarding this and other core areas, such as eating and drinking, mobility, first aid and dementia awareness.

The registered manager had acted on advice from external stakeholders to improve the service. Staff received formal and informal support from the registered manager.

The culture was positive, welcoming and open. People and their relatives were encouraged to raise any concerns and to play a part in the planning of care.

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 is the first time we have inspected the service.

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Comfort Call - Willow Barns

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was completed by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** Comfort Call Willow Barns is registered to provide personal care to adults who live in their own flats. At the time of inspection Comfort Calls was providing personal care to 50 people.

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

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.

We gave the service 48 hours' notice of the inspection visit to ensure there would be staff in the office.

Inspection site visit activity started on 30 April 2019 and ended on that day. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Before our inspection we reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams.

Before the inspection the provider completed a 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 reviewed this in advance of the inspection and used it to inform the inspection.

We spoke with four people who use the service and three relatives over the telephone. We spoke with seven members of staff: the registered manager, the regional manager, regional director, team leader, and three care and support staff.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and lessons learned documentation. Following the inspection, we contacted two external health and social care professionals.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had received safeguarding training and refresher training took place regularly. People and their relatives consistently told us they felt safe with staff and had confidence in them. One person said, "Yes I am safe – they are so attentive and look out for me."

Assessing risk, safety monitoring and management.

- Risk assessments were in place for each person and addressed environmental risks as well as individual risks factors, such as mobility and skin integrity.
- Where people were at particular unique risk this was identified and there were detailed risk assessments in place. For instance, one person had a fire risk assessment specifically related to their use of electrical appliances. Another person had been risk assessed due to their occasional walking out of their flat in the early hours of the morning. A door sensor had been installed to alert staff to this happening, meaning the person was less at risk but retained their independence.

Staffing and recruitment.

- Pre-employment recruitment checks were in place, such as Disclosure and Barring (DBS) checks and references from former employers.
- People and their relatives all confirmed staff arrived on time when supporting them, and stayed for the agreed amount of time.
- The registered manager had made improvements to how the rota and staffing levels were managed. This meant a significant reduction in the number of delayed or missed care calls, which had previously been a concern. All people we spoke with confirmed this was no longer a concern. One person said, "They haven't been late for a long time – it used to happen but it's much better now."

Using medicines safely.

- The registered manager had identified a number of gaps in the medicine administration records recently. They had reminded staff about this through a range of means but acknowledged they still needed to ensure improvements continued. Where documentation errors occurred, staff were supported through additional training and support. None of the errors had led to a detrimental impact on people.
- A sample of medicines administration records demonstrated some areas of good practice. For example, clear protocols when people were prescribed medicines 'when required', and clear instructions where people needed topical (creams) medicines applying.
- Regular audits were in place and these identified in general terms where medicines documentation needed to be improved. The registered manager was receptive to feedback about best practice and agreed their current audits would benefit from incorporating more best practice.

We recommend the registered manager incorporates current best practice guidance from the National Institute for Health and Care Excellence into their review of medicines administration and auditing.

Preventing and controlling infection.

- Senior staff conducted spot checks of care staff to ensure they used appropriate protective equipment such as gloves and aprons, when appropriate. Staff had received appropriate food preparation and infection control training.

Learning lessons when things go wrong.

- The provider comprehensively investigated and analysed incidents, accidents and safeguarding concerns to ensure lessons could be learned. For instance, where there was a medication error, an internal serious case review identified where staff would benefit from refresher training. The provider also issued a helpful visual reminder to the service.



# 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

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 needs were assessed before they began using the service. This began with a review of the information from the local authority then a meeting with people and their relatives.
- Staff communicated well with external health and social care professionals to ensure they were able to support people comprehensively.

Staff support: induction, training, skills and experience.

- Staff training was well planned and ensured staff were well equipped to support people. Training was complemented by a minimum of three days of shadowing of experienced staff after an induction. Staff confirmed ongoing support was comprehensive, with supervision meetings in place, meetings, and informal support when they required it.
- The registered manager anticipated people's changing needs and tailored training to suit. For instance, half of the staff had already attended more intensive half-day dementia awareness training. The other half were due to attend. Staff confirmed they found the training comprehensive.
- The provider organised 'impact training' as a result of incidents which had happened in other areas. This training was intended to ensure staff were well trained in areas such as choking.
- Training was a mixture of face to face and booklet training, which staff felt was an effective balance. They also consistently told us they were clearer about their job descriptions since the registered manager started. One said, "I went through a phase of not knowing what I was supposed to be doing. We all know our roles now and we work better as a team."

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

- Staff had received nutrition and hydration training and demonstrated a good knowledge of people's dietary needs and preferences, for instance where a person had diabetes.

Staff working with other agencies to provide consistent, effective, timely care.

- External professionals, people and their relatives expressed confidence in the effectiveness of the service. One person told us, "Yes, they know how to deal with my mobility problems."
- Care documentation demonstrated a range of clinical input into people's needs, for instance from chiropodists and physiotherapists.
- The registered manager had formed strong working relationships with the local GP and other healthcare professionals, along with the housing provider.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to a range of services that ensured they experienced positive health

and wellbeing outcomes. This included primary and secondary healthcare services, such as GP appointments and occupational therapy involvement.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found no inappropriate restrictions on people's liberty. Where people may lack the capacity to make a decision, processes were in place to ensure those who knew a person best could contribute to decision making.

- It was evident in care planning documentation, and through conversations with people's relatives, that people were involved in all aspects of care planning.
- The registered manager conducted themed supervisions of staff, with one core theme being the MCA.
- Relatives confirmed staff were patient in ensuring people consented to care on a day to day basis. Likewise, they confirmed they and their relatives were always involved in agreeing each care plan.
- Two care files we reviewed did not demonstrate that the person in receipt of care, despite having capacity to do so, had consented. Relatives can only consent to a person's care and treatment when the person lacks capacity and the relative has obtained the appropriate legal authorisation to make decisions on their behalf. The provider agreed to review and rectify this immediately.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- People had trust in staff and felt supported by them. They were confident staff helped them maintain their independence in ways that promoted their dignity and skills. People had goals in place which staff enabled them to meet. The majority of these were around feeling safe, accessing the community, and maintaining health.
- The registered manager had reviewed staffing and made changes to ensure people received a greater continuity of care. One person told us, "They encourage me to go out because not long ago I wouldn't get out of bed. It is changing slowly, it helps to have regular carers." Others we spoke with confirmed they knew which staff would be supporting them and that this was regularly the same staff member.
- Staff at all levels had regard to people's dignity.

Ensuring people are well treated and supported; respecting equality and diversity.

- Where people had particular religious beliefs these were respected by staff. For instance, there was a Church of England service held in a communal area that people had access to. One person had a particular religious belief and their care planning was detailed with regard to what this meant in terms of their preferences. Staff were aware of this.
- Staff were respectful of people's lifestyle choice in relation to how they dressed and the gender they associated with. Staff had received recent equality and diversity training.
- Staff behaved in ways that supported and enabled people and meant they were not restricted by a disability. One person said, "I have depression and sometimes I need more time – they listen to me and make sure I am okay." Another said, "They take their time to listen to me."

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

- The registered manager ensured people could engage with the care planning process. People confirmed they were fully involved in decisions about their care. Everyone we spoke with confirmed they knew the content of their care plan. Where people had difficulties in expressing themselves, care plans set out how staff could best make themselves understood (and how best to understand the person).
- Each person had a care file and it was evident they and their relatives had contributed to reviews. Nobody using the service had an advocate in place but the registered manager assured us that the local advocacy service was available to people. We saw this was communicated to people in the service's literature. Family members were used as informal advocates and supported people to make decisions.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were sufficiently detailed to give staff a good understanding of each person's background and their likes and dislikes. Each person's file contained a 'Me and My life section', which people and their relatives had compiled. People who used the service were largely independent and needed relatively small amounts of support, but this was reflected accurately. Documentation was up to date.
- People had a range of goals in place which staff helped them achieve. These were mostly in line with maintaining independence, family relationships, and the activities people enjoyed doing. Where one person's anxieties began increasing staff trialled new ways of including them more in social activities. They now enjoyed going shopping regularly; the risk of social isolation was reduced and staff had found ways to meaningfully maintain that person's independence.
- People were encouraged to pursue their social and recreational interests. People attended, for example, film afternoons and craft sessions. Newsletters advertised a range of activities that people could access.

Improving care quality in response to complaints or concerns.

- All people we spoke with, and their relatives, confirmed they were comfortable raising concerns if they needed to. They expressed confidence in staff and the new registered manager to resolve any problems. At the time of inspection these included people who had not formed a good bond with their main carer, and a person who felt professionalism could be improved upon. The registered manager took prompt, fair action in each case. People confirmed they were happy with the resolution.
- There was a complaints process in place and the registered manager ensured people had access to it in an accessible format. People also had other opportunities to raise any concerns, such as keyworker observations, clients' meetings and surveys.
- The registered manager held a monthly 'surgery' whereby people who used the service could speak with them confidentially about any matters that concerned them.

End of life care and support.

- No one using the service at the time of inspection was in receipt or need of end of life care. Staff had received training in this area and the registered manager was clear about how they would support staff with the emotional aspect of the role.
- The provider had identified a need to improve how end of life care needs were planned and recorded. This documentation was in place at the time of inspection.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager communicated well with people, their relatives and staff. One staff member told us, "It's an open conversation now. We have senior meetings every two weeks and we work together well." One relative told us, "[Registered manager] is new and is more approachable," and people expressed similar views.

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

- The registered manager had held initial meetings with all staff to ensure they were confident in their role and received the right support. The registered manager in turn received good support from their area manager and staff.
- The registered manager was also responsible for another of the provider's services, which was located close by. Staff told us the registered manager was regularly on site and, if they were at the other service, they were always contactable and available for support. The registered manager had in place knowledgeable and experienced deputising staff.
- Staff respected the registered manager's hands-on approach to leadership and their experience. One senior member of staff told us, "The manager has given us our direction back. Before I used to go home wondering if I'd done my job right. Now we know what is expected – in a positive way." We found morale to be high and a strong team bond in place. For instance, staff arranged social events outside of working hours.
- Oversight and quality assurance processes were appropriately delegated and clear. Medication administration, care file content and other core processes were audited and improvements were made where errors were identified. People and their relatives were regularly encouraged to share their opinions about the service.
- Quality performance was managed through a combination of staff spot checks and paper based audits, alongside an online system which held a range of information about types of accidents, complaints, safeguarding incidents and compliments. The registered manager and their senior colleagues demonstrated a sound understanding of the system and how it strengthened the governance of the service.

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

- People confirmed the new registered manager ensured they were given the option to play an active part in the planning of their care and the running of the service, where practicable. We found further improvements could be made in this regard. For instance, people didn't as yet play an active role in the recruitment of new

staff (although did get to meet new staff). The registered manager told us they planned to involve people in the recruitment process more.

Continuous learning and improving care.

- The registered manager had acted on recommendations made by the local authority following a monitoring visit by them. External professionals confirmed they worked proactively with them. One said, "They are more engaging now and staff morale seems to be improving which can only benefit the people accessing the service."
- The registered manager had made a range of improvements to key processes such as the rota and handover of information between staff. They had successfully implemented a new carer of the month award and monthly surgeries.

Working in partnership with others.

- The registered manager and nominated individual had formed strong working relationships with a range of key external health and social care stakeholders.
- There were some good local links in place, for instance with a local pensioner's club, and the registered manager hoped to approach local business to build new links.