

Comfort Call Limited

Comfort Call Stockton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 and 30 March 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist with the inspection.

Comfort Call Stockton is a domiciliary care service which provides personal care to people living in the Stockton on Tees area. The offices are situated in a local Extra Care housing complex and near to the North Tees Hospital. At the time of the inspection 130 people used the service. Some of these people lived in the Extra Care housing complex and others lived at home in the wider community.

The service was last inspected in December 2015 and January and February 2016. During that visit we identified breaches of our regulations. Care records did not record whether people had consented to their information being disclosed to their emergency contacts. It was not always clear whether people had capacity to consent to their care. Where people had been appointed to make decisions on people's behalf, the service did not retain evidence of their legal power to do so. Care plans did not always contain information of people's preferences or how they wanted to be supported. The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each person using the service. The registered provider's quality assurance procedures had not identified this issue or led to remedial action. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvements had been made.

At the previous inspection the registered provider also failed to mitigate risks relating to the health, safety and welfare of people by making required notifications without delay to the Commission on safeguarding issues. We issued a fixed penalty notice in relation to this breach of our regulations.

When we returned for our latest inspection we found that the Commission had not been notified of one safeguarding incident until three weeks after it occurred. We also saw that we had not received a notification in relation to another incident involving a medicine error. Both incidents had been investigated and the registered provider had taken remedial action but the Commission had not received required notifications without delay.

The service did not have a registered manager. There was a manager in place but they were not registered. 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. The manager had been in post since July 2017 and was supported by an area manager employed by the registered provider.

People told us they felt safe using the service. Risks to people using the service were assessed and plans put

in place to reduce the chances of them occurring. Accidents and incidents were monitored to see if improvements could be made to help keep people safe. Plans were in place to support people in emergency situations that disrupted the service. Medicines were managed safely. Procedures were in place to safeguard people from the types of abuse that can occur in care settings. Staff said there were enough staff deployed to provide safe care. The registered provider's recruitment procedures reduced the risk of unsuitable staff being employed.

People's rights under the Mental Capacity Act 2005 were protected. People told us staff had the skills and training needed to support them effectively. Staff were supported through regular training, supervision and appraisal. Staff spoke positively about the training they received. Some people received support with food and nutrition as part of their care packages. Where this was the case people spoke positively about the support they received. People were supported to access external professionals to maintain and promote their health.

People and their relatives spoke positively about the care provided by the service, describing the service as kind and caring. People told us they were very happy with the care they received and could not think of anything they would change about the service. People told us staff treated them with dignity and respect. People also said staff helped them to maintain their independence by encouraging them to do as much as they could for themselves. The service had received written compliments about the quality of care it provided. Procedures were in place to support people to access advocacy services where appropriate.

Care plans contained detail on what was important to people and how they wished to be supported. Where a support need was identified person-centred care plans were developed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People we spoke with told us staff had gotten to know their needs and preferences and that they were able to make their own decisions on how they would like to be supported. Procedures were in place to respond to and act on people's complaints.

People and staff we spoke with said the service had improved since our last inspection and spoke positively about the manager. The manager and area manager carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people using the service through regular quality assurance visits and telephone calls.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Medicines were managed safely.

Risks to people were assessed and care plans were in place to minimise them.

People were supported by staff that had been appropriately recruited and inducted.

Is the service effective?

Good 

The service was effective.

People's rights under the Mental Capacity Act 2005 were protected and consent to provide support was obtained.

Staff received the training needed to support people effectively.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke positively about the care they received and described staff as caring and supportive.

People said they were supported to maintain their independence.

Policies were in place to support people to access advocacy services where necessary.

Is the service responsive?

Good 

The service was responsive.

Care plans contained information on people's preferences and how they wished to be supported. People said care reflected

their preferences.

Clear processes were in place to investigate and respond to complaints.

Is the service well-led?

The service was not always well-led.

The service did not always make timely notifications to the Commission about safeguarding incidents.

People's view on the service they received were sought and people felt confident to raise issues.

Quality assurance checks were carried out to monitor and improve standards at the service.

Requires Improvement 

Comfort Call Stockton

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.

This inspection took place on 28 and 30 March 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist with the inspection.

The inspection team consisted of one adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered 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 contacted the commissioners of the relevant local authorities and clinical commissioning group, and the local authority safeguarding team to gain their views of the service provided by Comfort Call Stockton. We did not receive any feedback.

During the inspection we spoke with 37 people who used the service. We also spoke with four relatives of people using the service. We looked at 10 care plans. We also looked at Medicine Administration Records (MARs) and handover sheets. We spoke with nine members of staff, including the manager, the area manager, and seven care staff. We looked at four staff files, which included recruitment records.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I am safe with my carers, I trust them. I have no worries." Another person told us, "I feel safe with the carers, they work very hard." Another person said, "They are all really good. I feel very happy and safe with them all."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. People's support needs were assessed in a number of areas before they started using the service, including nutrition, skin care, medication, mobility and environment. Where a risk was identified plans were developed to reduce the chances of it occurring. For example, one person was identified as having medical conditions that could impact on their appetite so their care plans contained guidance to staff on meal preparation to encourage them to eat. Another person was identified as being at risk of falls due to their limited mobility, and their care plan provided guidance to staff on they could be safely supported. Staff also assessed any risks to people arising from their home environment, such as furniture or wiring trip hazards, how cleaning products used by staff were stored and whether there was enough room to deliver personal care safely. One person told us staff always checked to ensure they were wearing their emergency call alarm before they left. Risk assessments were regularly reviewed to ensure they reflected people's current level of risk.

Accidents and incidents were monitored to see if improvements could be made to help keep people safe. Where accidents and incidents occurred records showed they were investigated for any lessons that could be learned. For example, after one accident where a person fell an occupational therapist assessment was requested. In another accident involving a fall a referral for advice was made to the local falls team.

Plans were in place to support people in emergency situations that disrupted the service. There was a business continuity plan in place, which had been reviewed in January 2017. This contained guidance to staff on providing a continuity of care in situations such as disruption to the office or loss of utilities.

Medicines were managed safely. People told us they received their medicines when they needed them. One person we spoke with said, "My tablets come in a blister pack. Carers are good at prompting and recording that they have been taken." Another person told us, "Carers are aware I need to have my breakfast on time because of my medication. This has never been a problem." Another person said, "I take my tablets myself, but the staff ask me if I have taken them just to check."

Where people were supported with medicines details of how this should be done were clearly recorded in their care records. Staff received training on the safe handling of medicines and had access to a medicine policy that provided guidance on topics such as 'as and when required' medicines. Each person receiving medicine support had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs were based on a template provided by the local authority, and included details of the person's GP and any known allergies that might impact on their medicines. We reviewed a sample of MARs and saw they had been appropriately completed. MARs were checked for errors on a weekly basis, and where issues were identified records

showed remedial action was taken. For example, one person's MAR had an unexplained gap and a supervision was held with the member of staff responsible to discuss whether additional training was needed.

Procedures were in place to safeguard people from the types of abuse that can occur in care settings. There was a safeguarding policy in place, and staff told us they would not hesitate to raise any concerns they had. One member of staff told us, "I wouldn't hesitate to raise a safeguarding. I have done it before. My job is all about the individual I am caring for." Where concerns were raised we saw these were investigated and remedial action was taken. However, we also saw that CQC had not been notified of two safeguarding incidents as required under our regulations. This is dealt with under the well-led section of this report. Staff also said they would be confident to whistleblow. Whistleblowing is when a member of staff tells someone they have concerns about the service they work for.

Most people told us they were supported by a regular team of staff, that they received a weekly schedule naming staff for the forthcoming week so they knew who to expect and that as far as possible this was adhered to. People also told us staff were generally on time and that if they had problems with lateness these were addressed. People said that if staff were late they still stayed for their allocated amount of time and that support was not rushed. One person we spoke with said, "They are usually on time. On the odd occasion when they have been late I have had a phone call from the office." Another person told us, "I have had one carer turning up late. They have a distance to travel by taxi. This did not suit me, I contacted the office, and they no longer send this carer to me." Some people told us staff were regularly late and that there had been a high turnover of staff, but also said the situation had improved in recent months. For example, one person said there had been a problem with timekeeping some time ago, but this had now been resolved and they were now very happy with the care they received. The area manager said there was a constant stream of recruitment to ensure the service had enough staff to support people safely.

Staff said there were enough staff deployed to provide safe care. One member of staff told us, "We have enough staff. There were times when there haven't been but it's much better now as we're getting new staff in." Another member of staff said, "We have enough staff at the moment. We're getting lots of new starters." Another member of staff told us, "We have enough staff. Sometimes if people phone in sick we struggle but it's not permanent." Another told us, "There are enough staff here." Absence through sickness and holiday was covered by staff working extra shifts or by staff being drafted in from other service operated by the registered provider in the local area.

The registered provider's recruitment procedures reduced the risk of unsuitable staff being employed. Applicants completed an application form requiring them to set out their employment history, including any gaps in employment. Notes of job interviews showed applicants were asked care-based questions, such as giving an example of a time they had spoken out against something that was wrong. Proof of identity was required and references sought, and Disclosure and Barring Service (DBS) checks carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. Staff we spoke with confirmed they had been through this recruitment process, with one saying, "We couldn't do anything without DBS and references. We couldn't even do shadowing without it." This meant the risk of unsuitable staff being employed was reduced.

Is the service effective?

Our findings

During our last inspection in December 2015 and January and February 2016 we identified breaches of our regulations. Care records did not record whether people had consented to their information being disclosed to their emergency contacts. It was not always clear whether people had capacity to consent to their care. Where people had been appointed to make decisions on people's behalf, the service did not retain evidence of their legal power to do so. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvement had been made.

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.

We checked whether the service was working within the principles of the MCA. We saw that care plans now contained information on whether the person had consented to their care, including signatures to confirm they had. They also recorded information on how people could give consent for specific support, such as verbalising consent to be helped with their medicines. People we spoke with told us staff asked them for permission before assisting them. Some people were unable to consent and had Deputies or Court of Protection appointees in place to help make decisions on their behalf. Evidence of such appointments was now recorded in people's files so staff knew who could make decisions in people's best interests. Staff were able to describe how they obtained consent to support people and have a working knowledge of the principles of the MCA.

People told us staff had the skills and training needed to support them effectively. One person we spoke with said, "They are well trained, they know just what to do for me." Another person said, "They are efficient and dependable." A third person told us, "They are capable and confident and definitely know what they are doing."

Staff received mandatory training in a number of areas, including health and safety, food hygiene, infection control, safeguarding, nutrition and first aid. Mandatory training is training and updates the registered provider thinks is necessary to support people safely and effectively. The manager monitored staff training using a chart, and when we reviewed this we saw mandatory training was either up to date or planned. Staff files we looked at contained training certificates confirming that training took place.

Staff spoke positively about the training they received. One member of staff told us, "The training is really spot on. They (the manager) are very strict with it. There is always some training happening, or some update. If I asked for more training it would definitely be arranged." Another member of staff said, "It (training) is absolutely fine. We do update training, and I get everything I need." Another told us, "I find the training very involving, if I'm honest. We're always learning something new."

New staff were required to complete induction training before supporting people. This involved completing mandatory training and a period of shadowing more experienced members of staff. Staff we spoke with were positive about the induction process and said it helped equip them with the skills needed to support people effectively.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us supervisions and appraisals were useful opportunities for them to discuss any support needs they had. One member of staff we spoke with said, "They are used to arrange new training." Another member of staff told us, "We get supervisions and appraisals regularly and can use them to raise stuff. We're asked if there's anything to raise. But I don't need to wait for the meetings to raise things as you can do it whenever."

Some people received support with food and nutrition as part of their care packages. Where this was the case people spoke positively about the support they received. One person told us that since receiving support at mealtimes their appetite had increased as they were encouraged to eat by staff. Other people told us staff were familiar with any nutritional supplements they used. People told us staff encouraged them to drink and ensured there was a drink available to them before they left.

People were supported to access external professionals to maintain and promote their health. One person we spoke with told us how a member of staff had noticed their skin looked sore and arranged an appointment with the district nurse. This led to medicines being prescribed to assist the person. Another person had been supported to seek advice from a dietician. Staff told us they knew how to seek advice from other professionals if they were concerned about people's health and wellbeing. This meant that the service promoted people's access to wider healthcare professionals to maintain and promote their health.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided by the service, describing the service as kind and caring. One person told us, "They are a grand bunch (staff). They are all funny. They come in and we have a laugh." Another said, "My carer is super dooper, absolutely fantastic. We have a good rapport." Another person told us, "My carer makes me feel good." Another told us, "I don't know how I would manage without my carers." Another said, "I love my carers."

People told us they were very happy with the care they received and could not think of anything they would change about the service. One person we spoke with told us, "We are very happy with the carers. We wouldn't want to change anything." Another person said, "Everything is taken care of for me. Some of the carers we refer to as our friends." Another person told us, "The carers are mostly great, in fact top class."

Relatives described staff as caring. One relative told us, "[Named person] looks forward to the carers coming in. When they are here I hear them all laughing and carrying on. They are all friendly and cheerful." Another relative said, "I am very happy with the service. I know and trust all the carers but [named member of staff] who visits [named person] goes the extra mile. In addition to providing care, she keeps [named person] mentally alert, she seems genuinely interested in [named person] and they find plenty to chat about. I would say [named member of staff] is an absolute asset to the company." Another relative we spoke with told us, "They (staff) are very, very good. They do the best they can".

People told us staff treated them with dignity and respect. One person said, "The carers are very good, kind and respectful." Another person told us, "'I do not feel at all embarrassed when I am having personal care. My carer chats to me the whole time and only uncovers bits of me at a time." People told us staff helped them to feel comfortable when delivering personal care by closing curtains and doors and ensuring their privacy was maintained.

People also said staff helped them to maintain their independence by encouraging them to do as much as they could for themselves. One person we spoke with told us, "My carer is so supportive. She allows me to do what I can for myself. She stands back and never rushes or tries to jump in even if it is taking a long time. She understands how important this is for me." Another person said, "The carers understand my need to maintain my independence". Another person we spoke with said, "I feel I have my life back again. I can't fault the carers. They have really helped to improve my confidence. They have helped me to get my confidence back." A relative we spoke with told us, "They allow [named person] to do as much as he can for himself. They encourage him a lot."

The service had received written compliments about the quality of care it provided. One person had written, 'On the whole Comfort Call are a very client centred company who meet my needs exceptionally well. All of the management team are lovely' and 'At home I have carers whom treat me with dignity, respect, and follow my wishes.'

A compliment from a relative read, 'Please can you pass on my thanks to all your staff for looking after

[named person] so well over the last few years. Everyone treated her with dignity and helped her keep her independence for as long as possible. Both on the ground and in the office.'

At the time of the inspection no-one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The service user guide given to people when they started using the service contained information on advocacy services, and the manager explained that this could be arranged for people who wished to have one.

Is the service responsive?

Our findings

During our last inspection in December 2015 and January and February 2016 we identified breaches of our regulations. Care plans did not always contain information people's preferences or how they wanted to be supported. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvement had been made.

Care plans contained detail on what was important to people and how they wished to be supported. People's care plans began with a section called, 'about me and my life.' This contained details on the person's life history and a summary of how the person wanted to be supported. These were written from the person's own perspective, which helped ensure people's voices were heard in the care planning process. For example, one person's care plan outlined some of the communication difficulties they had and asked staff to, 'Talk loud and clear, face to face.' Another person's care plan contained guidance to staff on how they should reassure the person if they were upset or agitated.

People were assessed in a number of areas before they started using the service, including memory and communication, mobility, medicine and nutrition. Where a support need was identified person-centred care plans were developed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person had a care plan for personal care. This provided detailed guidance to staff on where the person would be when they arrived, what order they would like to do things in and reminding staff to give the person time to do things at their own pace. Another person's care plan contained detail on how the person should be supported to move safely between their bed and wheelchair. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences.

People we spoke with told us staff had gotten to know their needs and preferences and that they were able to make their own decisions on how they would like to be supported. People confirmed they had an opportunity to discuss this at regular review meetings, with relatives present where appropriate. One person we spoke with said, "They are always open to suggestions, and they do their best to implement things I ask for."

There was a complaints policy in place and people were given a copy of this when they started using the service. This set out how complaints would be investigated, including details of how long this would take, and the details of other agencies who could be contacted if people were dissatisfied with the outcome. Since our last inspection the service had received five complaints. Records confirmed these had been investigated in line with the registered provider's complaints policy and remedial action taken. We spoke with one person who had submitted a complaint and they told us the issue had been resolved and they were satisfied with the outcome. This meant procedures were in place to respond to and act on people's complaints.

Is the service well-led?

Our findings

During our last inspection in December 2015 and January and February 2016 we identified breaches of our regulations. The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each person using the service. The registered provider's quality assurance procedures had not identified this issue or led to remedial action. When we returned for our latest inspection we found this action had been taken and improvement had been made.

At the previous inspection the registered provider also failed to mitigate risks relating to the health, safety and welfare of people by making required notifications on safeguarding issues without delay to the Commission. When we returned for our latest inspection we found that the Commission had not been notified of one safeguarding incident until three weeks after it occurred. We also saw that we had not received a notification in relation to another incident involving a medicine error. Both incidents had been investigated and the registered provider had taken remedial action but the Commission had not received required notifications without delay.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are taking action in relation to this breach and will report on this further once our actions are complete.

The service did not have a registered manager. There was a manager in place but they were not registered. 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. The manager had been in post since July 2016 and was supported by an area manager employed by the registered provider.

People we spoke with said the service had improved since our last inspection and spoke positively about the manager. One person told us, "I have been told I can ring the manager at any time if I have any problems and they will come." Another person said, "There is a nice manager who rings me up every week to check if everything is alright." Another told us, "I am more than satisfied with the service, I know who to get in touch with if I need to speak to someone." A relative we spoke with told us, "Initially they didn't respond well to complaints. The new manager responds well."

Staff we spoke with also said the management of the service had improved since our last inspection. One member of staff said, "There has been a massive turnaround in the office. 100% better. There are different staff now. There is a much better atmosphere. The manager is brilliant and there is anything at all you need you can go to them. Always there if you need them." Another member of staff told us, "The office is a million times better. I really like [named manager]. I feel like you can speak with them." Another member of staff said, "[Named manager] is lovely. Dead easy going and very approachable. Always there for you." Staff confirmed that staff meetings took place and said these were useful opportunities for sharing ideas on best practice and raising any support needs they had.

The manager and area manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of medicine administration records, care plans, training, complaints and accidents. The registered provider's 'provider quality team' also carried out checks on the service. Where issues were identified in quality assurance checks records confirmed remedial action was taken. 'Staff notices' were used to remind staff about the registered provider's policies and procedures and recommended best practice. Where appropriate, staff received additional training if an issue was identified with their practice.

Feedback was sought from people using the service through regular quality assurance visits and telephone calls. In addition, an annual survey was carried out at which people were asked about any problems they had encountered and for any suggestions on improving the service. The survey had taken place in May 2016 and 33 people responded. We saw that the feedback was largely positive. Records confirmed that people were encouraged to raise any issues they had with the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider failed to mitigate risks relating to the health, safety and welfare of people by making required notifications on safeguarding issues without delay to the Commission. Regulation 18(1).

The enforcement action we took:

We issued a fixed penalty notice and this was paid.