

Comfort Call Limited

# Comfort Call Middlesbrough

## Inspection report

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25 May 2017

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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 16, 23 and 25 May 2017 and was announced. The 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 us.

Comfort Call Middlesbrough is a domiciliary care service which provides personal care to people in their own homes. The service supports people in Middlesbrough, Redcar and Cleveland and North Yorkshire. At the time of the inspection 517 people were using the service.

At our last inspection in February 2016 the service was rated Good. At this inspection we found the service remained Good.

The service had 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. At the time of our inspection a new manager had been appointed and the service was in the process of registering them with the CQC so that they would become the new registered manager. They will be referred to as 'the manager' throughout this report.

People and their relatives told us the service kept them safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People told us staff had the skills needed to support them effectively. Staff were supported with regular training, supervision and appraisal. People's rights under the Mental Capacity Act 2005 were protected. Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care records. The service worked with external professionals to maintain and promote people's health and wellbeing.

People and their relatives spoke positively about the care they received, describing it as kind and caring. People and their relatives told us staff treated people with dignity and respect. Staff helped people to maintain their independence. Policies and procedures were in place to arrange advocates for people should this be needed.

People told us they received personalised care based on their assessed needs and preferences. Care plans were reviewed every two months to ensure they reflected people's current support needs and preferences. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and also spoke positively about the manager. People we spoke with also said the manager was available to speak with if they wished to raise any concerns or feedback. The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people and their relatives. The manager had informed CQC of significant events in a timely way by submitting the required notifications.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Comfort Call Middlesbrough

## **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 16, 23 and 25 May 2017 and was announced. The 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 us.

The inspection team consisted of one adult social care inspector and three 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 Middlesbrough.

During the inspection we spoke with 28 people who used the service. We spoke with 13 relatives of people who use the service. We looked at 12 care plans, Medicine Administration Records (MARs) and handover sheets. We spoke with eight members of staff including the manager, a care co-ordinator and care staff. We looked at six staff files, which included recruitment records.

# Is the service safe?

## Our findings

People and their relatives told us the service kept them safe. One person told us, "I do feel safe. I can't fault anything." Another person said, "Really excellent staff who always do their best to make me feel secure and cared for."

A relative we spoke with said, "[Named person] feels very safe and trusts the staff and I know I can leave her, confident she is well looked after." Another relative told us, "[Named person] is very safe with them."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Assessments covered areas such as falls, mobility, nutrition and skin integrity. People's home environments were also assessed to see if any improvements could be made to keep people safe. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Accidents and incidents were also monitored to see if changes could be made to make people safer. A business contingency plan was in place to ensure people received a continuity of care in emergency situations.

The provider had a safeguarding policy. This contained guidance to staff on how possible abuses could be identified and how they should be reported. Staff we spoke said they would not hesitate to raise any concerns they had. One member of staff told us, "I have done safeguarding training. I would have no problem in raising any issues at all. No qualms." Where incidents had been raised records confirmed they had been appropriately investigated and reported to the relevant authorities.

People's medicines were managed safely. People told us they received support with their medicines when they needed it. One person said, "They always give me my tablets. They check the packet to make sure the date and the tablets are right and they write everything down in the book." The provider's medicine policy contained guidance to staff on medicine management. People's care records contained details of the medicine support they received. We reviewed a number of medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. These had been correctly completed.

The provider and manager monitored staffing levels to ensure enough staff were deployed to support people safely. Most people we spoke with said they were supported by a regular staffing team who arrived on time. One person said, "They are always here on time, very punctual and have never missed a call. They are always here for me." Some people said staff had arrived late or had missed calls, but went on to say this did not happen often. One person told us, "They turn up more or less on time. They have never missed a call." The manager said they regularly monitored staffing levels and missed calls to ensure enough staff were employed. Staff we spoke with said there were enough staff employed, and that absences due to sickness and holiday were covered.

The provider's recruitment process minimised the risk of unsuitable staff being employed. This included verifying applicant's identity, seeking references and completing Disclosure and Barring Service (DBS) checks. 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 minimises the risk of unsuitable people from working with children and adults.

# Is the service effective?

## Our findings

People told us staff had the skills needed to support them effectively. One person told us, "A lot of them are well trained, the odd one who isn't doesn't last long the service soon puts it right." Another person said, "They are all properly trained. I have to be hoisted and they are all alright with that and know what to do. I have no qualms about that." Relatives also said staff were well trained. One relative said, "I think they are really well trained and know what they are doing."

Staff received training deemed mandatory by the provider in a number of areas, including first aid, moving and handling, safeguarding and infection control to ensure staff supported people safely and effectively. Records showed that training was either up to date or planned. Staff we spoke with said they received the training they needed to support people effectively. One member of staff said, "I've just done a training update. It's exactly what I want." Training was regularly refreshed to ensure it reflected current best practice.

Newly recruited staff completed the provider's induction programme before they could support people without supervision. This included completing the provider's mandatory training, learning the provider's policies and procedures and shadowing more experienced members of staff. One person we spoke with said, "If a new one starts they shadow with someone else till they know what to do."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervisions useful and supportive.

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 saw that the service was working within the principles of the MCA. Care plans contained evidence of the involvement of people's Lasting Powers of Attorney (LPAs). Best interest decisions had been made and recorded on people's behalf when needed. People told us staff gave them options and asked for permission before offering support.

Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care records. People told us staff helped prepare the food and drink they wanted. One person said, "They make my breakfast and my lunch, just what I want."

The service worked with external professionals to maintain and promote people's health and wellbeing. One person we spoke with said staff saw they were developing a pressure sore and involved district nurses to help treat this. People's care plans contained records of the involvement of professionals such as GPs, occupational therapists, podiatrists and insulin nurses.

## Is the service caring?

### Our findings

People spoke positively about the care they received, describing it as kind and caring. One person said, "They are really kind people and work ever so hard. I would recommend them to anybody." Another person said, "The carers are caring and helpful. They do look after me." A third person said, "Oh yes, all very nice people (staff) and are as helpful as they possibly can be." Another person said, "They (staff) are very kind and good."

People told us staff were professional but also friendly and approachable. One person said, "I can't praise them enough. They are all really nice." Another person told us, "The girls are canny, very nice. They make you laugh."

Relatives we spoke with said staff were caring and kind. One relative told us, "It's not even what they do for him. He just enjoys the company and it's just lovely for him to see a nice friendly face and have a chat with her. It gives me peace of mind so I can go out and do things without worrying." Another relative told us, "The carers know her quite well and are very kind."

People and their relatives told us staff treated people with dignity and respect. One person we spoke with said, "The care is just great. They (staff) always observe my dignity especially after personal care. This is how it should be for everyone." Another person told us, "I couldn't ask for better care, they are so kind and lovely. They close the curtains and knock before coming in the shower room to help." People also said staff asked for permission before giving support. One person said, "If I want to change my mind that is fine, or want to have a lie down. I am not made to do what I don't want to do."

Staff helped people to maintain their independence. One person we spoke with said, "I really want to be as independent as I can and continue to do as much for myself as possible. The carer understands that and she will let me try to do things even if it takes me a bit longer." Another person told us, "I don't feel at all restricted by the carers. I enjoy their company but I like to be as independent as I can be and they know that. For example, I like to decide for myself what I want for lunch. They tell me what's in the fridge and then I choose for myself. It might be a microwave dinner or a sandwich. It's up to me." A relative we spoke with said, "It's the showering they come for and they really do encourage her but they do it in a gentle way. They can get her to do things that I can't." Care plans contained guidance to staff on the importance of supporting people to be independent. For example, one person's care plan stated, 'I can manage a lot myself and like to be as independent as possible.'

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. Policies and procedures were in place to arrange advocates for people should this be needed.

## Is the service responsive?

### Our findings

People told us they received personalised care based on their assessed needs and preferences. One person we spoke with said, "I was involved in organising my care plan and I get a regular review. I wouldn't hesitate to let them know if I thought I needed anything else. I'm pretty confident they'd help if they could." Another person said, "We did the care plan when we started, myself, my husband and a lady from the company and it was what we wanted. They do review it quite regularly, they come out and sometimes they ring to check all is well." A third person told us, "[Named member of staff] is the main one. She asks all the questions and checks things. They do check on things and do the paperwork. We've got all the paperwork here on the table. We have no problems at all." A relative we spoke with said, "They (staff) came and did the care plan with us and they do reviews quite often."

Before people started using the service their support needs were assessed, and where a need was identified care plans were drawn up based on the person's preferences. Care plans covered areas such as nutrition, skin integrity, personal care and medicine support. Records we looked at were personalised and contained information on how people wished to be supported. For example, one person's care plan contained guidance to staff on where the person would be sitting when staff arrived and the order that they would like tasks carried out in.

Care plans were reviewed every two months to ensure they reflected people's current support needs and preferences. Reviews took place either on the telephone or through a visit by a senior care assistant. We saw that remedial action had been taken where changes had occurred. For example, one person's review had identified that their medicine support needs had changed and their care plan was updated as a result.

A daily record book was used to record the support delivered to people. Notes were kept of the support given, at what time and by whom. This meant staff visiting the person later in the day had the latest information on any support needs they had. One person we spoke with said, "They have a book they all write in and that goes to the office."

Staff told us care plans were up to date and contained all of the information they needed to support people. One member of staff said, "Care plans are all up to date. If we notice something isn't we tell the manager straight away and they get updated." Another member of staff told us, "All the information we need is in care plans. We have to read them before we support people. It gives us an insight."

Procedures were in place to investigate and respond to complaints. People were given a copy of the provider's complaints policy when they started using the service. This set out the timetable for investigating complaints, how they would be responded to and details of external agencies people could contact if they were unhappy with the outcome. Records confirmed that complaints were investigated in line with the provider's policy. People we spoke with told us they were familiar with the complaints policy and would not hesitate to use it.

## Is the service well-led?

### Our findings

Staff spoke positively about the culture and values of the service. One member of staff told us, "I never wake up in the morning and think I don't want to go to work today. We provide such good care." Another member of staff said, "It's quite a good company. They support staff and act on queries straightaway."

Staff also spoke positively about the manager and said they felt included in the running of the service. One member of staff said, "I have no complaints about the management. If I ever have problems I phone the office and there's always an answer for you. They're always there." Another member of staff said, "Management are easy to get along with. You know you can talk with them in confidence." Staff said they were supported through regular team meetings at which they could discuss any issues they had.

People we spoke with also said the manager was available to speak with if they wished to raise any concerns or feedback. People spoke positively about the management of the service. One person we spoke with said, "I had another company to begin with which was poor, so we changed to this one and it has been very good. In fact, I have recommended it twice to people recently." Another person told us, "It's great, a really good service. They check with me quite often."

The manager and provider 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. Audits were carried out by the manager in areas including safeguarding, medicines, accidents and incidents and record keeping. These areas were also checked and monitored by the provider. Quality assurance visits to people took place regularly, either by visits to their home or over the telephone. Where issues were identified records confirmed that remedial action was taken.

Feedback was sought from people and their relatives. The provider carried an annual survey and sent the feedback and any issues raised to the manager for them to address. This had most recently been carried out in 2016 and the manager and regional manager told us how feedback received had been acted on. People and their relatives confirmed that they had taken part in feedback surveys. One person told us, "I have had a questionnaire." A relative we spoke with said, "We have had a questionnaire. We moved over from another company and I have to say this one is better."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.