

Comfort Call Limited

Comfort Call Middlesbrough

Inspection report

Rooms 46, 38, 39, 40, South Tees Business Centre
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06 April 2023

12 April 2023

18 April 2023

26 April 2023

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12 May 2023

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 Middlesbrough is a domiciliary care service providing 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 147 people were receiving personal care from the service.

People's experience of using this service and what we found

People and relatives spoke positively about people's care experience. Staff knew people they supported well and treated them with dignity and respect.

People were safeguarded from abuse. Medicines were managed safely. Risks to people were assessed and monitored. Staffing levels were monitored to ensure people received effective and safe support. The provider had effective infection prevention and control systems in place.

Staff were supported with training, supervision and appraisal. People's needs and choices were assessed on an ongoing basis. Staff worked effectively with other professionals involved in people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Care plans were developed with the involvement of people and their relatives. Staff helped people to make their voices heard. The provider had a complaints system in place, and people and relatives were aware of this.

Governance systems were used to monitor and improve standards. Feedback was sought and acted on. Staff worked in effective partnership with a range of external professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 January 2022 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 25 February 2020.

Why we inspected

We inspected this service to give it a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Comfort Call Middlesbrough

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

1 inspector and 2 Experts by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 April 2023 and ended on 26 April 2023. We visited the location's office on 6 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, the nominated individual, care and office workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and medicine administration records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. Feedback from people we spoke with included, "I feel safe with the carer as I know they are there for you and have your needs covered" and, "I feel totally safe."
- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to raise concerns. One member of staff said, "I am aware of the whistleblowing policy."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and monitored. Care plans contained information for staff on how they could support people safely. A relative we spoke with said, "[Person] trusts them and they do really keep him safe."
- Accidents and incidents were monitored to see if lessons could be learnt to improve people's safety. Advice was appropriately sought from external professionals to monitor and manage safety.

Staffing and recruitment

- Most people and relatives said people were supported by familiar staff who arrived punctually. However, some people said staff were sometimes late without an explanation. This had been identified by the registered manager and action was being taken to try and improve punctuality.
- People spoke positively about the staff supporting them. One person told us, "My usual team is brilliant." A relative we spoke with said, "It tends to be the same person (staff member) who comes which is lovely as you don't have to start from scratch each time."
- Staffing levels were monitored by the registered manager and provider to ensure people received safe support. Staff told us they were aware of ongoing recruitment to the service and that sickness and absence leave was always covered.
- The provider's recruitment process helped to ensure that suitable staff were employed. Disclosure and Barring Service checks were carried out, and references and employment histories sought.

Using medicines safely

- Medicines were managed safely. People told us they received the support they needed with their medicines.
- Medicine administration records were used to record and monitor medicine management. These were regularly reviewed to ensure medicines were managed safely.

Preventing and controlling infection

- Effective systems were in place to prevent and control infection. Staff received training in this area and the provider's infection prevention and control policy was regularly reviewed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and choices were assessed to ensure the support they received was effective. One person told us, "The manager came out and we went through what my needs were and I was happy with the care plan suggested."

Staff support: induction, training, skills and experience

- Newly recruited staff were effectively inducted into the service. This process included training and working alongside more experienced staff. One member of staff told us, "I really enjoyed the induction. I was really nervous as I had never done care before but I had nothing to worry about, everything was explained really well to me."
- Regular training took place to ensure staff had the knowledge and skills needed in their roles. Staff told us they found the training they received useful. One member of staff we spoke with said, "Training is very good, educational."
- Staff were supported with regular supervisions and appraisals. These were used as opportunities to discuss the service and any support needs they had. One member of staff told us, "Supervision and support from management is very good. Any concerns that I might have are dealt with straight away, if not in a few days."

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

- People received effective support with eating and drinking. Where needed, staff ensured people maintained a balanced diet. One person told us, "One of the carers does a lot of cooking for me of meals. [Staff member] is brilliant at it, and it's not just heating things up."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with external professionals to ensure people received effective support. One person told us how staff had sought medical advice when they thought the person was unwell and had helped them access healthcare support.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to their care was recorded. Where people lacked the capacity to do so decisions were made in their best interests by those with the legal authority to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well by kind and caring staff. Comments from people included, "We chat like friends, about our families, all sorts of things" and, "The carers are 100% kind and caring, I think it's a vocation as it can't always be a pleasant job but they always have a cheery smile."
- Relatives said people received caring support. One relative told us, "The carers are lovely and so kind, I often hear gentle banter going on."
- People were respected and valued as individuals. Staff we spoke with knew the people they supported well, and could talk about things that were important to them. One person told us, "They treat me like a human being."

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

- People were supported to express their views and staff respected their decisions. Feedback was sought through informal conversation and also in regular questionnaires. On one recent questionnaire we saw one person had responded, 'I am also able to make my own decisions and am offered choices.'

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "I like the way they speak to me as they are very respectful in asking me what I would like." A relative we spoke with said, "There are several things [named person] can no longer do for himself but they always ask him before they do anything so he still feels he is in charge."
- Staff promoted people's independence and encouraged them to do as much as they could for themselves. One person told us, "The carers always let me do what I can."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care based on choices and needs. This was regularly reviewed to ensure it remained responsive. One person told us, "I have the support that I need and want and wouldn't change it. As my needs have changed so has the support."
- Care plans contained the information staff needed to meet people's needs and preferences. Staff said these were updated where needs or choices changed. A person we spoke with said, "I am very happy at the care I receive as it's what I feel I want and need, it's reviewed every 6 months."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to make their voices heard. Staff were knowledgeable about the best ways to communicate with people to help them express themselves. One person told us, "It's (communication) not been an issue. If they need to tell me something they either phone me or call in."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and learn from complaints. People and relatives told us they knew how to raise issues and gave examples of where they had and action was taken. One person we spoke with said, "If I have a concern or a complaint I phone one of the coordinators in the office and it is always dealt with."

End of life care and support

- At the time of our inspection nobody was receiving end of life care. Policies and systems were in place to provide this should it be needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People spoke positively about culture and leadership of the service. One person said, "I think it's run well and if there is a concern they apologise and sort it. You can't ask for more than that."
- Staff praised the management and values of the service. Comments from staff included, "[Registered manager] is a lovely boss and always tries to help you" and, "Comfort Call is a nice company to work for."
- Staff were open and honest when things went wrong. One person told us, "If I phone, perhaps because a carer is late, they always pick up, listen to what I have to say, apologise and then look into it and get back to me."

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

- The registered manager and provider carried out regular quality checks to ensure people received the care they wanted and needed. These included checking care records and staff training.
- Effective management systems enabled staff to carry out their roles, and staff told us further support was made available where needed. One member of staff said, "My manager has an open door policy should I need anything else and I am confident she will listen and act."

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

- Feedback was sought from people and relatives and was acted on. On one feedback survey one person had reported, 'I know if I need to I can contact the office and they will try and change things for me. My team I have know me well and work with me.'
- Staff felt engaged and involved in how the service was run. For example, feedback was sought at supervision and staff meetings. One member of staff said, "We get plenty of communication from the office."

Continuous learning and improving care; Working in partnership with others

- The service worked in effective partnership with others to ensure people received the care they needed. For example, care records contained updates and input from external professionals.