

London Care Limited

# Comfort Call (Priory Court)

## 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?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Comfort Call (Priory Court) is an Extra Care Housing service that provides personal care to people in their own flats in one building. At the time of the inspection 23 people were receiving this care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received care that was safe, was appropriately assessed and reviewed and carried out by a sufficient number of trained, skilled and experienced staff. People were informed how to report concerns about their and other's safety. We have recommended that the provider ensures people have an individually assessed personal emergency evacuation plan in place as the current process could place people's safety at risk.

People's medicines were well-managed; and the provider made changes to improve protocols for 'as needed' medicines following our inspection. People were protected from the risk of the spread of infection and accidents and incidents were investigated to prevent the risk of recurrence.

People received care that protected them from discrimination. Staff were well trained and received supervision of their role and assessment of their competency. People were supported to maintain a healthy lifestyle and balanced diet. People's individual choices in relation to their meals were respected. Staff worked in partnership with other health and social care professionals to provide timely and effective 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.

Overall, people felt staff were kind and caring and they were treated with dignity and respect. People's right to privacy was respected and independence was encouraged. People were encouraged to discuss their care needs and to request changes to their care package where needed.

People received care that was personalised to their needs, choices and preferences. The provider had systems in place that enabled them to provide documentation in alternative formats; making information accessible for all. The registered manager was taking action to prevent the risk of people becoming lonely and socially isolated. This included group activities in communal areas of the building. The provider responded to formal complaints in accordance with their complaints policy. End of Life Care was not currently provided; however, staff had received training to provide the care if required.

Robust quality assurance processes were in place. These were monitored by the registered manager and made available to senior management to ensure that quality of care provision met the required standards.

Staff felt able to approach the registered manager with any concerns. People told us they wanted to see more of the registered manager and the registered manager told us they would ensure they were more visible to people.

The registered manager was knowledgeable about the regulatory requirements of their role and they were supported by the regional manager to carry out their role effectively.

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 service was registered with us on 2 December 2019 and this is the first inspection.

## 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 (Priory Court)

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experiences (EXE). An EXE 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 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 bought or 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.

#### Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice to ensure that people, staff and the registered manager were available to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of the care staff, the registered manager and the regional manager.

We reviewed a range of records. This included five people's care records, medication administration records and the daily notes recorded by care staff. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# 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 for 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 were protected from the risk of avoidable harm and abuse.
- Most people and relatives spoken with told us they felt they or their family member were safe when staff provided care.
- People were provided with details of who they could contact if they felt unsafe or staff had treated them in a way that placed their safety at risk. Processes were also in place that enabled staff to raise concerns about people's safety. These concerns were then investigated, and, where required, reported to the relevant agencies such as the Local Authority Multi Agency Safeguarding Hub and the CQC.
- The registered manager recorded safeguarding incidents on an internal electronic recording system. These incidents were then reviewed by senior management and they, along with the registered manager, ensured the incident was investigated, and actions taken to prevent recurrence. This helped to keep people safe.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed, monitored and care provision amended when people's needs changed.
- The majority of people and relatives spoken with told us staff understood how to provide safe care. One person said, "The best thing is that the carers are very good, and I am well looked after. I can't walk and they help me to walk."
- Care plans and risk assessments were reviewed and reflected people's current needs. Assessments of people's flats were carried out to ensure they were safe for the person living there and for the staff when providing care.
- An evacuation plan was in place to guide staff on how to evacuate people in an emergency. However, we noted personalised emergency evacuation plans (PEEPs) were not in place. These individualised plans are important as they consider people's physical and mental health and wellbeing when assessing the safest way to evacuate them in an emergency. We were informed that these plans had been written by the Local Authority; however, copies had not yet been provided. The regional manager showed us evidence of them attempting to address this situation.

We recommend that the provider ensures that a personalised emergency evacuation plan is in place for all people for whom they provide the regulated activity of personal care.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- Most people and relatives felt there were enough staff in place to provide the care and support they or their

family member needed. Some stated they would like staff to spend more time with them in their flats but understood that staff were busy.

- The registered manager acknowledged that people would like to see staff more often but had explained to people that the availability of staff differed to the service offered in a residential care home, where staff were more freely available. The registered manager told us they would write to people and their relatives to explain this.
- However, the registered manager also acknowledged that during the COVID-19 pandemic people had become more isolated and at risk of loneliness. They had therefore planned events for people to attend to and to mix with others. (We have reported on this in more detail in the 'Is the service Responsive?' section of this report).
- Staff were recruited safely, and appropriate checks were carried out prior to them commencing their role. This ensured people's and other staff's safety was always respected.

#### Using medicines safely

- People were protected from the risks associated with medicines.
- The majority of people and their relatives told us they were happy with the way they or their family members received support with their medicines. One person told us they were comfortable with staff managing their medicines for them.
- People had medicine administration records (MAR), care plans and risk assessments in place. These records were regularly reviewed to ensure errors were highlighted before they impacted people's health and safety.
- People who required 'as needed' medicines had guidance in place to inform staff how and when the medicines were to be administered. However, we did note that some of this guidance was limited in detail and the reason for administration was not always recorded. We found no evidence of people being over-medicated; however, the registered manager acknowledged that more detailed guidance was required to prevent the risk of inconsistent administration.
- After the inspection we were informed a review of all 'as needed' medicine protocols had been completed, and examples of revised and updated documentation was sent. We were assured that this process now was effective in reducing the risks associated with these types of medicines.
- Competency assessments were completed to ensure staff performance was monitored. Poor staff performance in this area was dealt with by removing them from administering medicines, retraining, further assessments, or if needed, disciplinary actions.

#### Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and Covid-19.
- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider ensured lessons were learned when accidents and incidents occurred.

- Accidents and incidents were investigated appropriately. Changes to care plans, increased staff training and competency of practice reviews were completed where required. This reduced the risk of recurrence.

# 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 physical, mental health and social needs were assessed prior to them starting with the service.
- There were examples of best practice guidance in people's care plans to inform staff on how to support people with specific health needs. This ensured people received the most up to date care and support.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff had the required training, skills and experience to provide people with effective care.
- Most people told us they felt staff were well-trained and understood how to care for them or their family member in an effective way. Staff confirmed they felt well-trained and were supported by the registered manager to carry out their role to the required standard. Records viewed confirmed this.
- Staff received regular supervision and assessments of their competency to carry out their role. Any concerns with their practice were addressed via further training, competency reviews and if required, disciplinary action.

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

- People were supported to follow a healthy and balanced diet.
- Staff were provided with guidance on how to reduce the risk of people's health being affected by poor food choices. However, it was also acknowledged that people had the right to make these choices if they wished.
- Guidance was provided for staff on how to reduce the risk of a person experiencing too high or too low blood sugar levels. Guidance was also in place on how to care for someone should this occur. This helped to reduce the risk to people's health and safety.

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

- Staff provided care in accordance with professional's feedback and guidance.
- Where needed, care plans and risk assessments were amended to ensure they complied with health and social care professional's recommendations and instructions.
- A representative of the local authority commissioners told us the registered manager was approachable and they had a positive working relationship with them.

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

- People were provided with information about how to access other healthcare agencies. Where needed,

staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals.

- Changes to people's health were discussed with professionals, and care plans and risk assessments were amended to reflect these changes

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 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.

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- MCA assessments were in place where required. There were also examples where people had provided their written or verbal consent to care being provided.
- The registered manager was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

# 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

- Most people and relatives told us they had a good relationship with the care staff.
- Most people felt staff were kind and caring; although some felt some staff were more caring than others. One person said, "They make me feel important because they look after me properly."
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.

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

- People were encouraged to play an active role in the decisions relating to their care and support needs.
- People's needs were discussed regularly with them and changes to care made where requested.
- A relative told us they were pleased with the way staff adapted during the COVID-19 pandemic by arranging 'Facetime' sessions with family members.
- People were provided with a 'service user guide'. Within this guide information was provided for people about how they could access an advocate if they wished for an independent person to speak on their behalf when decisions were made about their care. This ensured that people could be confident that decisions made, always took their rights and views into account.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected; care was provided with dignity and people's independence was encouraged.
- Records showed a person had requested a regular 3am call to assist them with their personal care. Staff complied with this request ensuring the person's dignity was maintained.
- People's care records contained detailed guidance for staff on people's individual abilities to perform certain tasks such as showering and getting dressed. This helped to promote people's independence.

# 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 care that was personalised to them. People's preferences and choices about their care provision were used to provide them with person-centred care.
- Care plans were person-centred and contained detailed guidance for staff to support people in accordance with their wishes. This included the times they wanted their calls to be completed, the level of assistance they wanted with their meals, personal care and medicines.
- People diverse needs and cultural beliefs were always considered when care was planned and delivered. If people had a specific religious or cultural belief that could affect the way they wanted care to be provided, then this would be updated on the care records. This ensured that people were not directly or indirectly discriminated against

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans, policies and procedures were available in an accessible format, this included larger fonts for people who were visually impaired. The service user guide was also available for people in Braille if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they experienced periods of loneliness and isolation due to the impact of the COVID-19 pandemic. Some relatives told us they were concerned that their family members were becoming withdrawn and less willing to engage with others or to leave their flats.
- The registered manager was aware of this concern. They told us they would remind people that the building owners have facilities such as a library, lounge and communal kitchen that can be used to meet others, including those who do not receive care from this provider.
- The registered manager was also in the process of organising an afternoon tea party which will incorporate games and activities. This event will be open to all living on the premises, not just those who receive care. This will provide people with the opportunity to meet others and to make new friends.

Improving care quality in response to complaints or concerns

- People were informed how they could make a complaint and what action would be taken to address their concern. Guidance was provided about how they could complain to external agencies if they did not feel

their complaint had been handled appropriately.

- People and relatives told us they understood how to make a complaint. Most told us they felt their concerns were listened to and acted on.
- Records showed that formal written complaints were responded to in accordance with the provider's complaints policy.

End of life care and support

- End of Life Care was not currently provided; however, staff had received training to provide the care if required. People's end of life wishes were discussed with them and plans put in place where required.

# 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

- People received care from staff that was person-centred with the aim of providing positive outcomes.
- Staff told us they enjoyed working at this service and felt valued. Staff were provided with a variety of tools to support them if they needed guidance or advice about their role. This included access to external counselling and support services. This helped to provide a positive working environment.
- Staff were informed how to remain safe during the COVID-19 pandemic and a safe working environment was provided for staff to return to after a period of absence.
- The provider had specific values in place that staff were expected to adhere to when carrying out their roles. Staff performance in accordance with these values was reviewed during supervisions.

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

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

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

- The registered manager, care staff and other staff related to this service had a clear understanding of their roles and how they each contributed to the safe running of the service.
- Staff received regular updates from the registered manager and provider; this included up to date guidance on the COVID-19 pandemic.
- Although there was no regulatory requirement for all staff to be fully vaccinated when working at this type of service, the registered manager informed us all staff would be fully vaccinated by the 11 November deadline. The registered manager told us they wanted people to be assured that the staff caring for them had taken all possible precautions to reduce the risk of the spread of COVID-19.
- The registered manager had a good understanding of the regulatory requirements of her role. They managed two registered locations but felt that it was a manageable workload. She was supported by a regional manager who reviewed the registered manager's performance in accordance with the provider's Key Performance Indicators. Records showed a recent, provider-led audit of this service resulted in a positive outcome.

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

- Most people, relatives and staff told us they had a positive relationship with the registered manager.
- Most felt the registered manager responded well to requests for assistance and listened to their concerns. Some did say that they would like to see more of the registered manager. The registered manager acknowledged that due to the COVID-19 pandemic, opportunities to mix and meet with others had been limited. However, they planned to address this with more group activities and visits to people's flats.
- A recent survey had been conducted which asked people for their views on the quality of the care and overall service provided. The majority of responses were positive. Where action was needed, we saw an action plan was in place to address those points. This helped to reassure people that their views mattered.

Continuous learning and improving care

- The provider ensured people were cared for and staff worked in an environment where the aim was to learn from mistakes and to continually seek ways to improve the quality of care provided.
- Staff were provided with regular updates that they would need to incorporate into their role. Additionally, during supervisions, staff performance and awareness of key issues were discussed and reviewed. For example, safeguarding reporting process, dignity in care and medicines were just some of the areas that were regularly discussed with staff. This helped to identify areas for improvement amongst staff before they impacted the care people received.
- Regular auditing of the quality of the overall care provision was carried out. Action plans were in place to address any shortfalls.
- Team meetings were held with staff. Those who could not attend were provided with minutes to ensure they were made aware of all matters that were discussed. The registered manager welcomed the opportunity to gain feedback from staff and to act on any concerns they may have.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- The registered manager told us they had a positive working relationship with all professionals and welcomed the support they had received during the COVID-19 pandemic. For example, a GP provided training to care staff on the dangers of COVID-19 and the ways they could prevent the risk of the spread of infection.